Advancing the Mental Health Agenda

A Provincial Mental Health Plan for Alberta

PROVINCIAL
Mental Health
PLANNING PROJECT

April 2004

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ADVANCING THE MENTAL HEALTH AGENDA

Executive Summary Of The Provincial Mental Health Plan

Introducing A New Mental Health Plan For Alberta

Mental health services across the province are not keeping pace with current needs or anticipated demands. That's the clear conclusion from extensive consultations with consumers, their families, mental health care providers and all those involved in mental health across the province.

Access to mental health services and supports is the number one concern. And what people want is not complex or elaborate – just better access to better care. As one person put it, "These people are just that – people – and they deserve the same level of care and attention that any Albertan deserves." Serious concerns with access to care apply at all levels from acute hospital care to community programs and supports for people to live productive and independent lives. Coupled with concerns about access is the lingering and persistent stigma surrounding mental health. In spite of the fact that mental illness affects hundreds of thousands of Albertans and considerable success has been achieved in treating people with mental illness, it continues to be an "unspoken" illness.

Those concerns underscore the need for a comprehensive, province-wide plan to address key issues in mental health and provide people and their families with access to the services they need.

This Provincial Mental Health Plan sets a new direction for the future of mental health services in Alberta – a direction that will see mental health services integrated into the overall health care system of the province and a direction that will see action to address the many gaps in mental health services today.

The Plan is the result of extensive efforts and active participation of a wide range of people and organizations involved in mental health. At the request of Minister of Health and Wellness, Gary Mar, the process was launched in the spring of 2003 and guided by a Steering Committee representing Alberta's nine regional health authorities, the Alberta Mental Health Board, the Alberta Alliance on Mental Illness and Mental Health, the Alberta Medical Association, the Alberta Psychiatric Association and Alberta Health and Wellness.

The result is a comprehensive Provincial Mental Health Plan that sets the direction for improving mental health and mental health services across the province.

The plan is extensive and comprehensive. It outlines:

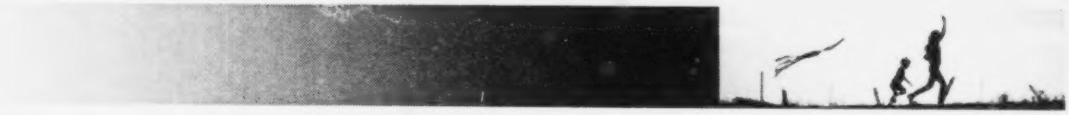
- A vision for mental health in Alberta.
- Clear descriptions of the roles and responsibilities of the various organizations involved in mental health services.
- Priority areas where expanded services are required.
- New approaches to funding mental health services and guidelines for funding while a new funding framework is being developed.
- Strategies for ensuring there is a diverse and adequate supply of well-trained mental health care professionals and providers.
- A strong commitment to research to advance mental health care and treatment, encourage innovation and implement leading edge practices.
- A clear focus on accountability, evaluation and measuring performance to ensure ongoing improvements in mental health services across the province.

This Executive Summary provides highlights of the Provincial Mental Health Plan while the full Plan provides the details in each of the key sections.

Starting With A Clear Vision

The Provincial Mental Health Plan lays out a vision for the future of mental health in the province. The vision is focused on the following key requirements:

- Clients and their families will come first.
- Albertans will have access to the mental health services they need.
- There will be an appropriate balance between providing treatment and taking action to prevent mental illness and promote positive mental health.
- Mental health services will be integrated and coordinated.
- Albertans will have access to leading edge mental health services.
- Responsibilities and accountability for outcomes will be clear.
- Funding for mental health services will be adequate, equitable and fair.
- There will be an adequate supply of well-trained people working in mental health.
- A strong commitment to research will put Alberta at the forefront of innovation and improvement in mental health.
- Effective partnerships will support mental health services.
- Albertans will understand and support the importance of positive mental health.



Who Does What?

Roles and responsibilities for mental health services

In the past few years, significant changes have been made in roles and responsibilities for mental health services. It's important to begin with agreement on the roles and responsibilities of the province, regional health authorities, the Alberta Mental Health Board, various provincial government ministries, and other groups and individuals involved in providing mental health services.

In this plan:

- Alberta Health and Wellness has overall responsibility for maintaining the provincial policy framework for mental health, entering into performance agreements with health authorities, monitoring results in achieving the expectations of the provincial policy and meeting its legislative, policy and funding requirements.
- Regional health authorities are responsible for delivering the vast majority of mental health services in the province.
- Inter-regional arrangements allow regional health authorities to cooperate in delivering low volume, high cost services such as long-term facility-based care, tertiary psycho-geriatric services, tele-mental health services, eating disorder services and services for children with severe mental illnesses.
- The Alberta Mental Health Board plays an important advisory role and is responsible for specific provincial leadership, collaboration, coordination and support activities in areas such as Aboriginal mental health, forensic services, mental health research planning and coordination, performance standards and measures, province-wide prevention and promotion initiatives, and mechanisms for making decisions and providing treatment for extremely hard to serve clients.
- Other provincial Ministries are responsible for a range of services and supports provided through a number of well-coordinated cross-ministerial initiatives.
- A wide range of private providers, non-government organizations, community and consumer groups provide direct mental health services as well as a variety of support programs, including community programs, support for families and advocacy.

What Needs To Be Done?

Service priorities and actions

Expanding access to a full range of mental health services and supports is the number one priority for this Provincial Mental Health Plan. Priorities for services are organized under three key headings:

- **Support and treatment** – Providing assessment, treatment, rehabilitation and community support for individuals and families.
- **Risk reduction** – Reducing the risk of mental illness and optimizing mental health by decreasing factors that negatively affect well-being including physical illness, poverty, abuse or chronic neglect, violence, addictions, trauma, or harsh social conditions.
- **Capacity building** – Identifying, maintaining and strengthening factors that promote mental health and well-being across government, in communities, and with individuals and their families.

The following provides highlights of the key strategies in each of those three areas. Some of the strategies are general ones while others apply to specific targeted populations.

Support And Treatment Priorities

General

- *Crisis services*: Improve access to crisis intervention services for all service populations.
- *Care/case coordination*: Tailor services to meet the needs of individual clients and their families.
- *Shared care*: Position mental health services as an integral part of all primary health care reform initiatives.
- *Planning and follow-up*: Improve planning to ensure effective transition between different types of care and treatment, including the transition from acute-facility based services to the community, and linkages with other sectors and services as required.
- *Concurrent diagnosis/co-morbidity*: Increase the capacity to respond to the needs of clients with more complex mental health problems including concurrent diagnosis/co-morbidities.
- *Substance abuse and addictions*: Collaboratively develop a provincial strategy for increasing investment and addressing the needs of mentally ill clients with addiction and substance abuse problems.
- *Forensic services:* Enhance the integration, delivery and effectiveness of forensic services.
- *Tele-mental health services:* Expand the utilization of tele-mental health to support service delivery.
- *Brain injury:* Develop a province-wide strategy for brain injury services through a process that effectively engages regional health authorities, Alberta Community Development (Brain Injury Network), key service providers and consumers.

Population specific

- *Assessment and treatment services for children and youth:* Ensure that developmentally and age-appropriate programming and treatment options are available within acute care and community settings.
- *Alberta Children and Youth Initiative (ACYI):* Use the organizational framework and management infrastructure of the ACYI to advance initiatives that have implications for the children's and youth mental health services.
- *Services for children in care:* Ensure that the needs of children in care are proactively and collaboratively addressed by regional health authorities, relevant ministries and related authorities.
- *Adult Early Onset Dementia:* Target resources to improve access to services for adults suffering from Early Onset Dementia.
- *Psycho-geriatric services:* Increase investment in psycho-geriatric services to accommodate increasing demand as a result of demographic trends.
- *Treatment and support for vulnerable populations:* Improve treatment and support services for vulnerable populations.
- *Programs for homeless people:* Provide access to on-site mental health programs and referral services for homeless people who access shelters or drop-in centers.
- *Access to culturally sensitive Aboriginal mental health programming:* Provide effective, appropriate and culturally sensitive programming for Aboriginal people.

Risk Reduction Priorities

General

- *Prevention, promotion and public awareness:* Increase the focus on activities that prevent mental illness, improve mental health and increase public awareness of mental health issues.
- *Suicide prevention:* Develop and implement an effective suicide prevention strategy designed to substantially reduce rates of suicide and suicidal behaviour in the province.
- *Affordable housing:* Create incentives to encourage private, public and voluntary providers to expand the supply of affordable housing across the province.

Population specific

- *Children and youth – early intervention, prevention and education:* Increase recognition, awareness and understanding of the needs of children and youth with mental illness, and the benefits of effective prevention, early intervention and treatment programs.
- *Seniors' community wellness programs:* Place increased emphasis on developing programs and infrastructure in the community designed to reduce isolation, maintain optimal functioning and improve the mental health of seniors.
- *Services for expectant women and new mothers:* Work cooperatively with women's and children's health services in each region to ensure that prenatal education, screening and pre- and postnatal counseling are provided to all expectant mothers.

Capacity Building Priorities

General

- *Safe and supportive housing:* Improve access to an appropriate range of supportive housing/living options for clients with severe and persistent mental health problems.
- *Funded homes:* Ensure compliance with the provisions of the *Protection of Persons In-Care Act.*
- *Community capacity building and inclusion:* Build the capacity of families and communities to meet client needs, provide effective linkages to required services and supports and develop a sense of community inclusion for people with mental disorders.
- *Individual family and community supports:* Increase the resources for individuals, families and community-based support programs designed to: address the socio-economic factors that influence mental health, increase the ability of clients to cope with mental health issues, increase the capacity of families and communities to care for clients with mental illnesses, and increase the capacity of clients and families to participate in their communities.
- *Income supports and supportive employment:* Ensure that the financial resources available to low income Albertans with mental health problems adequately provide for the basic necessities of life and participation in required community-based activities.
- *Consumer support groups:* Provide greater support for consumer owned and led supports and services, including the expansion of support for self-help groups, club houses, etc.
- *Ethnic groups:* Develop community-based support systems and culturally sensitive programming to reach high risk members of immigrant and ethnic populations.
- *Developmental disabilities:* Improve the coordination and integration of services for people with developmental disabilities with mental health services provided by regional health authorities.

Population specific

- *Youth in transition:* Build bridges and supports to assist youth with mental health problems to transition from adolescent to adult programs and services.
- *Community supports for seniors:* Place increased emphasis on the development of community supports for seniors.
- *Aboriginal community-based strategies:* Use integrated community-based service delivery strategies to address the determinants of health and ensure that services are available and accessible in the communities where Aboriginal people reside.
- *Aboriginal mental health service providers:* Ensure that service providers have the training required to increase their capacity to become culturally competent to serve Aboriginal people.

How Do We Fund Mental Health Services?

Funding models for mental health

Concerns have been expressed about the amount of funding available for mental health services, the proportion of the provincial health care budget allocated to mental health, the amount allocated by regional health authorities to mental health programs and services, and the need for an equitable way of distributing funds for mental health services to regional health authorities.

Unfortunately, there is no simple answer to the question, "What is the right amount to spend on mental health services?" In 2002, $472 million was spent on mental health services in the province – about 7% of the total amount spent on health care services. While we do not have comprehensive or complete information on spending on the wide range of mental health services funded both by Alberta Health and Wellness and by other ministries, we do know that there are serious gaps in mental health services and in meeting the needs and improving outcomes for consumers.[1]

Under this provincial plan:

- A new funding framework for mental health services will be developed.
- The provincial funding framework should ensure the predictable, sustainable and equitable allocation of resources.
- Resources allocated to mental health should reflect the needs of the clients/patients and take into account the burden of illness (i.e. the economic and social impact of mental illness).
- Funding for mental health services should be distributed to regional health authorities through a new funding framework that takes into account population-based factors that are unique to mental health. Work should begin immediately on the funding framework so that it can be in place by April 2006.
- A transition fund should be established as a vehicle for supporting immediate implementation of the Provincial Mental Health Plan and to facilitate changes in how mental health services are delivered. Funds from the transition fund should be used to expand community programs or facility-based alternatives, address existing gaps in services and move ahead with priorities in each of the regions.
- While the new funding framework is being developed, funding for mental health services should continue to be provided to regional health authorities in a separate funding envelope. Regional health authorities should have flexibility in how they allocate the funds and provide mental health services as long as the funds allocated for mental health services are spent only for that purpose.

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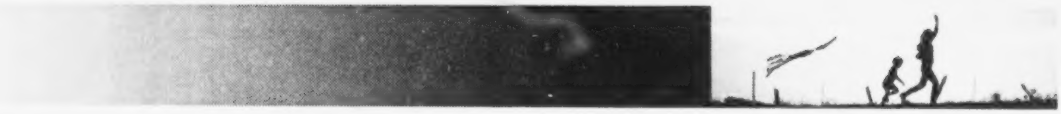
[1] Huebner, L., Gardiner, H. & Adair, C. (2002). *Best Practices in Mental Health Systems: An International Review.* Prepared for the Alberta Mental Health Board.



What Human Resources Do We Need?

Human resources strategies for mental health

The overall objective of human resources strategies is to ensure that the right skills and services are delivered by the right person at the right time in a culturally appropriate manner.

Work should begin immediately on developing a comprehensive mental health workforce plan identifying the current supply of mental health providers, the anticipated demands and strategies for addressing shortages in key areas. Within the context of that comprehensive plan, specific strategies should be used to:

- Expand and enhance education and training for mental health professionals and workers as well as provide continuing professional development for all those involved in delivering mental health services.
- Improve the work environment for mental health professionals and providers so that mental health becomes a workplace of choice.
- Identify and take steps to remove legislative and regulatory barriers so that a range of professionals and providers can work together to serve clients with mental illnesses and also to establish new positions for mental health workers and advanced mental health practitioners.
- Expand the capacity of self-help groups, families, volunteers and communities to support people with mental illnesses.

How Do We Advance Mental Health?

Informing leading practice through research

Excellence in mental health services depends on a strong commitment to research – research that informs and guides decisions, helps set policies and priorities, improves outcomes for consumers and supports ongoing innovation.

As part of this provincial plan:

- The capacity of regional health authorities to conduct or access research to guide regional decisions and priorities should be expanded.
- Academic institutions should expand their ability to support collaborative, applied research in mental health.
- Partnerships should be established in all research areas, including targeted research on mental health issues specific to Aboriginal people.
- A dedicated fund should be established to support mental health research.
- The Alberta Mental Health Board should be responsible for initiating and coordinating the development of a Mental Health Research Plan.

How Do We Assess And Improve?

Accountability, evaluation and performance measures

Building on the roles and responsibilities of the various partners in mental health, the primary vehicle for ensuring accountability should be performance agreements between Alberta Health and Wellness and the health authorities. Health authorities should be expected to develop mental health plans consistent with the Provincial Plan and to report regularly on the outcomes they achieve in relation to their plans.

Throughout the health care system, there should be a strong commitment to continuous improvement. That requires ongoing evaluation and consistent measurement of performance and results. On an initial basis, several key performance measures are outlined, but more work needs to be done to identify a consistent set of province-wide measures to track progress in achieving the vision of this Provincial Mental Health Plan.

Taking Action

One of the clear and consistent messages from consumers, their families and those involved in mental health is a sense of urgency and the need to get on with changes to expand and improve access to mental health services across the province.

It's fair to say that change cannot happen overnight. It will take time to implement many of the strategies and actions outlined in this Provincial Plan. But the key is to start now ... to identify key priorities at all levels and to set plans in motion.

Clearly, the needs vary across the province. Some regions will have important service gaps they need to address for children, Aboriginal people or seniors. Others will see the need to expand community-based programs, crisis teams, or rehabilitation programs for people who leave acute care. There are, however, a number of key priorities that cut across all regions and stakeholders and offer the best opportunities for immediate action and the best potential for considerable improvements in services and supports for people with mental illnesses.

On a priority basis, action should be taken in the following key areas:

☐ **Develop regional mental health plans**

Within the scope of this provincial plan, regional health authorities should begin work immediately on identifying priorities, service gaps and regional mental health plans.

☐ **Increase the capacity to deliver mental health services and address critical gaps**

There is little doubt that the number one priority must be increasing capacity, addressing gaps in services and improving access to essential mental health services. Major gains in improving access and expanding services will depend on the availability of resources but regional health authorities should begin immediately to identify resource needs and actions they can take without additional funds.

☐ **Establish a transition fund**

To begin implementation of the new directions set in this provincial policy and to build a bridge from old funding models to a new funding framework, a transition fund is essential.

☐ **Develop a new funding methodology for mental health**

A new funding formula, specific to mental health needs and priorities, will take time to develop. Work should begin immediately on developing a new population-based funding formula for mental health, including appropriate mental health need-based modifiers.

- **Take steps to further clarify the roles, responsibilities and working relationships among regional health authorities and the Alberta Mental Health Board**

  This Plan envisions new roles and relationships between regional health authorities and the Alberta Mental Health Board. As a first step in this process, the Alberta Mental Health Board and regional health authorities should work together to further clarify their respective roles and responsibilities, to build positive working relationships and trust at every level in the system, and to advance mental health as outlined in this Plan.

- **Take action on key inter-ministerial priorities**

  Although responsibility for these areas extends beyond the health care system, a number of critical areas have a direct impact on mental health services and supports. In particular, action should be taken to:
  - Follow through on initiatives related to children's mental health.
  - Take a proactive and coordinated approach to address a broad range of housing needs from affordable housing in the community to safe and supportive housing for people with mental illnesses.
  - Address income support levels and ensure that people with mental illnesses who are unable to work have an adequate income to pay for the basic necessities of life.
  - Take coordinated and concerted efforts to address issues related to Aboriginal health in general and Aboriginal mental health issues in particular.

- **Expand education and awareness with the public and within health regions to address the stigma associated with mental health**

  This is not a short-term strategy. In the longer term, significant improvements in services and outcomes for people with mental illness will not be achieved unless the stigma of mental illness can be reduced or eliminated. Efforts should be directed not only to the general public but also within health regions where important steps can be taken to improve the way people with mental illness are treated in the health system.

- **Take immediate action to establish a province-wide suicide prevention strategy**

  Suicide is a serious problem in Alberta and work should begin immediately on a province-wide suicide prevention strategy targeted at the general population, school aged children and vulnerable populations, especially Aboriginal youth.

- **Develop a comprehensive mental health workforce plan**

  To address the serious shortage in mental health care professionals and workers, work should begin immediately on a comprehensive workforce plan designed to ensure adequate staffing for the future.

- **Initiate the development of a mental health research plan**

  This Provincial Mental Health Plan highlights the critical role of research in improving outcomes and services in mental health. The Alberta Mental Health Board should begin a collaborative process to develop a comprehensive mental health research plan along with plans for establishing a dedicated fund for mental health research.

☐ **Identify critical information requirements and performance measures**

To assess progress in implementing this Provincial Mental Health Plan and to measure performance and outcomes on an ongoing basis, considerable work is needed to identify critical information requirements and a minimum data set for mental health.

☐ **Develop more detailed plans for implementing the Mental Health Plan and monitoring progress**

While this Plan sets the overall direction, the next step is to develop implementation plans and priorities and to monitor and report progress in implementing the Plan over time. The Alberta Mental Health Board, in partnership with the regional health authorities, and in collaboration with Alberta Health and Wellness and other key stakeholders, should initiate and facilitate the development of an approach for advancing mental health within the context of the Provincial Mental Health Plan. Within three years, progress on implementing the Plan should be assessed and changes to the Plan should be made as necessary.

Each of these priorities is vitally important and will not only address pressing problems today but also set the stage for ongoing improvements in services and supports for people with mental illness. The next step will involve development of specific implementation plans.

On an ongoing basis, progress in implementing the key directions and priorities of this provincial plan should be assessed by all stakeholders involved and accountable for mental health including Alberta Health and Wellness, regional health authorities, the Alberta Mental Health Board, physicians and mental health care providers, consumers and others involved in mental health in the province.

Developing a Provincial Mental Health Plan is a critical first step. It sets the course for the future and outlines, in broad terms, what needs to be done. Now the challenge is to follow through, to identify priorities for action, develop specific implementation plans, address gaps in services and turn the promise of this plan into concerted and deliberate actions across the province. People with mental illnesses and their families deserve nothing less.

Objectives And Approach

SETTING THE STAGE FOR A NEW PROVINCIAL MENTAL HEALTH PLAN

Since January 2002 and the release of the report of the Premier's Advisory Council on Health (Mazankowski Report), extensive work has been underway to move forward with significant changes to Alberta's health system. Mental health is no exception. Among the many recommendations in the Mazankowski Report was a clear direction that mental health services should be fully integrated with other health services available in health regions. That direction supports a strongly held view that most mental health services should be delivered in community settings close to where people live.

In April 2003, responsibility for the majority of mental health services was transferred to regional health authorities while the Alberta Mental Health Board retained responsibility for several specific province-wide functions and services. Considerable work has been underway to ensure a smooth transition and expand community-based services. One of the key initiatives is the development of a provincial mental health plan to guide the future work of all those involved in mental health in the province including the health regions, health care providers, stakeholders, consumer groups and the provincial government.

At the request of the Minister of Health and Wellness, Gary Mar, Alberta's nine regional health authorities and the Alberta Mental Health Board, in cooperation with Alberta Health and Wellness, the Alberta Medical Association, the Alberta Alliance on Mental Illness and Mental Health and the Alberta Psychiatric Association launched a comprehensive Provincial Mental Health Planning Project in the spring of 2003. The primary purpose of the project was to "facilitate the development of an integrated, improved system that provides appropriate, accessible and quality mental health services for all Albertans."

Specific objectives for the project included the following:

- Developing a common vision
- Clarifying the mandates, roles and responsibilities of health authorities, Alberta Health and Wellness and other government ministries
- Identifying major issues and mental health service priorities and making recommendations to address those issues and priorities
- Recommending service delivery models
- Recommending joint protocols and accountability frameworks within and across health authorities and government ministries
- Recommending sustainable and enabling funding models
- Recommending mechanisms to ensure that the key elements of the Provincial Mental Health Plan are embedded in the business planning processes of the regional health authorities, Alberta Health and Wellness and the Alberta Mental Health Board
- Recommending outcomes, performance measures, monitoring and reporting requirements
- Identifying human resource challenges and making recommendations for addressing those challenges
- Identifying priorities and recommending strategies designed to increase knowledge and instruct future best practices in mental health

In addition to those specific objectives, the Provincial Mental Health Plan was expected to:

- Reflect best practices and focus on innovation
- Focus on developing strategies to improve access to and delivery of mental health services
- Provide clear direction but encourage health regions to be responsive to local needs and priorities
- Build public confidence and awareness of mental illness
- Be realistic and incremental, laying out actions to be taken over time
- Actively involve stakeholders, service providers and consumers in the planning process

This Provincial Mental Health Plan is designed to meet those objectives and to set a clear course for the future of mental health services in the province.

There is little doubt that demands for mental health services are increasing. Consumers, their families, and organizations involved in mental health have consistently and clearly pointed out serious concerns with access to mental health services and supports across the province. What people want is not complex or elaborate – just better access to better care. As one person put it, "These people are just that – people – and they deserve the same level of care and attention that any Albertan deserves. They require prompt medical access, good long term group support, affordable accommodation and coverage for medications that keep them stable." Or in the words of another respondent, provide staff support, have room for people who need it, help them do as much as they can for themselves and give everyone a fair chance.

The Provincial Mental Health Plan responds to those concerns. It lays out a direction for the future – a direction that will see mental health services integrated as part of the overall health care system in the province and a direction that will see action to address the many gaps in access to mental health services across the province.

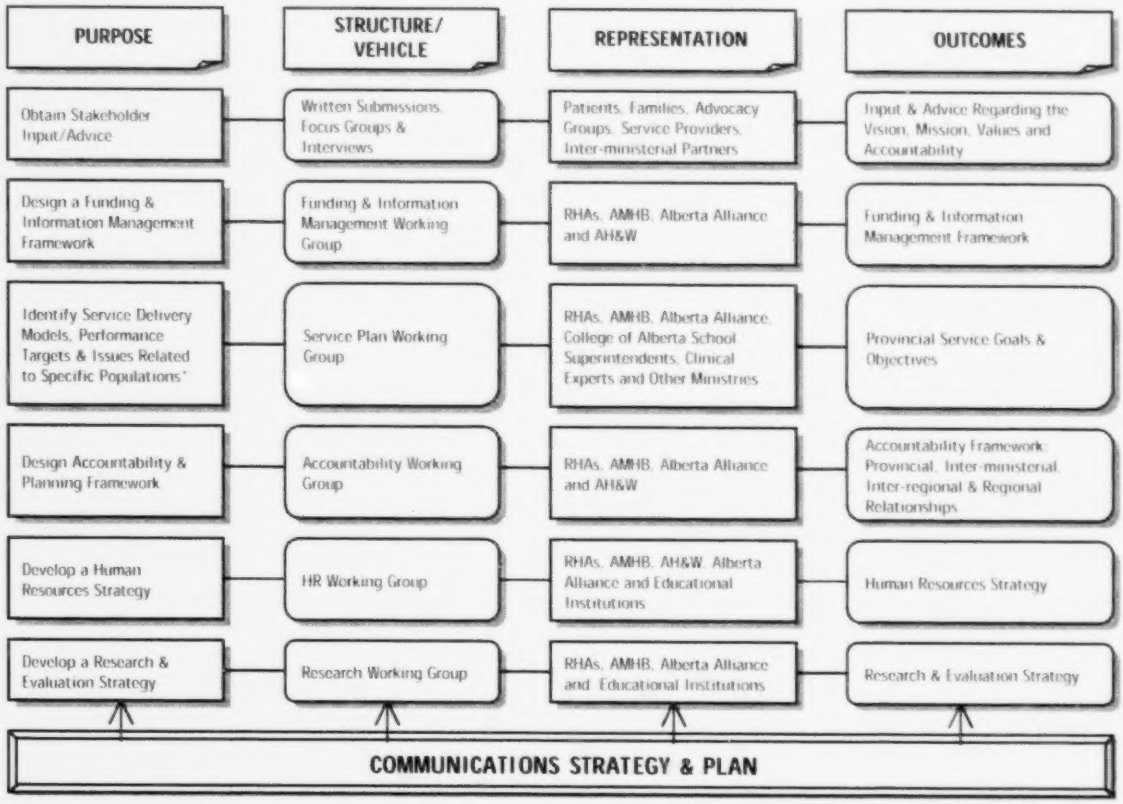
Although this plan is not intended to be prescriptive, it clearly comes with a sense that action is needed and soon. Members of the Steering Committee consistently heard about the need to act quickly and deliver the services people desperately need. That view is best summed up by this comment: "We need action today, right now, this minute."

While we can't expect immediate solutions, with a provincial mental health plan in place, consumers, their families, health care providers and everyone involved in mental health should be confident that the vision set in this plan will be achieved.

Taking A Comprehensive Approach

Every effort was made to engage a wide variety of stakeholders in the process of developing this mental health plan including regional health authorities, the Alberta Mental Health Board, health care providers, consumers and their families, and organizations and individuals involved in mental health. Under the direction of the Provincial Mental Health Planning Project's Steering Committee, five working groups were established, a series of focus group discussions was held, one-on-one interviews were held with key individuals and organizations, including various provincial ministries, and an extensive public consultation process was launched. In addition, a review was done of relevant literature, key trends and best practices in mental health across Canada and around the world.

Mental Health Planning Framework



PURPOSE	STRUCTURE/ VEHICLE	REPRESENTATION	OUTCOMES
Obtain Stakeholder Input/Advice	Written Submissions, Focus Groups & Interviews	Patients, Families, Advocacy Groups, Service Providers, Inter-ministerial Partners	Input & Advice Regarding the Vision, Mission, Values and Accountability
Design a Funding & Information Management Framework	Funding & Information Management Working Group	RHAs, AMHB, Alberta Alliance and AH&W	Funding & Information Management Framework
Identify Service Delivery Models, Performance Targets & Issues Related to Specific Populations*	Service Plan Working Group	RHAs, AMHB, Alberta Alliance, College of Alberta School Superintendents, Clinical Experts and Other Ministries	Provincial Service Goals & Objectives
Design Accountability & Planning Framework	Accountability Working Group	RHAs, AMHB, Alberta Alliance and AH&W	Accountability Framework: Provincial, Inter-ministerial, Inter-regional & Regional Relationships
Develop a Human Resources Strategy	HR Working Group	RHAs, AMHB, AH&W, Alberta Alliance and Educational Institutions	Human Resources Strategy
Develop a Research & Evaluation Strategy	Research Working Group	RHAs, AMHB, Alberta Alliance and Educational Institutions	Research & Evaluation Strategy

COMMUNICATIONS STRATEGY & PLAN

* Specific populations include: children, seniors, Aboriginal, etc.

A list of the various groups involved in the consultations is included in Appendix 1. Appendix 2 provides a summary of the views of the views expressed by almost 500 people who participated in the public consultations. Appendix 3 provides a review of related literature, trends and best practices in mental health.

Mental Health In Alberta Today

It is important to begin with a context of mental health in Alberta today and the trends and new directions developing across Canada and around the world. This context helps set the stage for a vision for the future of mental health services in Alberta and the actions that need to be taken to achieve the vision.

Key Facts About Mental Illness

It will come as no surprise to consumers, their families and those who work in mental health that mental illness continues to be a largely "unspoken" illness. As a result, the World Health Organization states that the impact of mental illness on overall health and productivity throughout the world is profoundly under-recognized.

The burden of illness is a common measure that is often used to describe the impact of disability and premature death caused by a particular illness or condition. In countries with established market economies, mental illness is the second leading cause of disability and premature death. Mental illnesses account for more than 15% of the burden of illness in those countries – the same burden of illness as caused by cancer. The chronic nature of mental illnesses also results in many people living with disabilities for a major part of their lives. In fact, unipolar major depression accounted for 13% of the years lived with disability, dementia accounted for 4.3%, schizophrenia accounted for 4.0% and bipolar disorder accounted for 3.3%.

The burden of mental illness creates an enormous cost to the individuals involved, their families, our society and our economy, and results in tremendous suffering, disability and economic loss. Looking ahead, trends indicate that, as people live longer, the number of people with mental illnesses is likely to increase.

On a positive note, significant developments in our learning, new psychotropic medications, modern technology and the growth of human rights and consumer movements have changed the manner and context in which people can be treated and supported. Decentralization of services is a trend that's taking place around the world, providing opportunities to bring services closer to where people live and to integrate mental health with general health care.

In spite of the considerable progress that has been made in developing new treatment options, there is very little awareness or understanding that many mental illnesses can be treated effectively and people can live productive and positive lives. Combined with this lack of awareness, mental illness continues to carry a significant stigma. As a result of these factors, nearly half of the people who have a severe mental illness do not seek treatment.

The following information underscores the importance and urgency of taking action to treat and prevent mental illness and promote mental health in our society.[2]

In Canada:

- Six million or 20% of all citizens will experience a mental illness in their lifetime. Three percent will suffer a severe and persistent disability.
- Six million or 20% of Canadians will suffer a substance abuse disorder in their lifetime and as many as half of people with severe mental illness develop alcohol or other drug abuse problems at some point in their lives.
- Mental illnesses affect people of all ages, educational levels and cultures.
- In 1999-2000 over nine million hospital days were utilized by people with mental illnesses and in 1998-99, mental disorders accounted for 14% of the total days of care in general hospitals.
- The economic burden of mental illness is estimated at $14.4 billion a year. Mental illness ranked fifth highest in spending on physician fees, third highest in spending on drugs and second highest in facility costs.

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[2] Unless otherwise cited, the information in this section is taken from the review of the literature undertaken for the Provincial Mental Health Planning Project. References for the various facts and figures are included with the summary report in Appendix 3.

- Mental health diagnoses (e.g. depression and anxiety) rank among the most frequent diagnoses in primary care. Approximately half of all office visits resulting in a mental health diagnosis involve physicians who are not psychiatrists.

In Alberta:
- Over 600,000 people or 20% of the population will experience a mental illness during their lifetime. That's slightly less than the population of the City of Edmonton.
- In 2002-03, just over 500,000 Albertans (17% of the provincial population) were treated by a physician for a mental health related problem. In total, there were more than 2.25 million visits to a physician for the primary purpose of receiving treatment for a mental health problem.[3]
- 39% of all general practice physician billings were mental health related.
- Mental health problems constitute the top reason why people consult their family physician.
- Over 34,000 Albertans went to a hospital emergency department in 2001-02 because of a mental health problem.[4]
- 120,000 Albertans are addicted to alcohol and drugs.
- About $472 million in public funding is spent on mental health services in Alberta a year (2002).

Mental Health Involves More Than Health Care

Health in general is affected by a wide range of factors that extend well beyond the health care system. The same is true for mental health. Mental health is profoundly affected by a range of factors including income, social status, housing, physical environment, social support networks, education levels and employment circumstances.

These wide ranging determinants of health mean that mental health cannot be dealt with in isolation from other factors that affect people's day to day lives. Housing is a key example. In the absence of safe and affordable housing, people with mental illnesses are often placed in untenable living situations without the support they need.[5]

The wide range of determinants of health cut across the mandates of a number of provincial and federal ministries. This makes it even more of a challenge to respond to the needs of people with mental illnesses and to take concerted, coordinated action to address factors that affect mental illness across the province.

Challenges In Delivering Mental Health Services

The literature review done for the Provincial Mental Health Planning Project confirms that the mental health system in Canada lacks integration, balance and comprehensiveness. Specifically:
- Mental health services are primarily oriented toward treating people with mental illnesses rather than preventing mental illness or promoting good mental health.
- Existing resources are used primarily for inpatient institutional care.
- There are not enough community-based mental health services to meet demands.

Other significant mental health gaps, pressures and priorities identified in the literature include the following:
- There are pronounced gaps in the mental health knowledge base including the need for research evidence that supports strategies for mental health promotion and illness prevention.
- The stigma that is associated with mental illness deters individuals from seeking treatment.
- Human services professionals are unaware of health treatment resources in their communities.

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[3] Alberta Mental Health Board, Information Management

[4] Ibid

[5] The Health Canada Web site provides excellent evidence-based information about the determinants of health. This information can be accessed at www.hc-sc.gc.ca/hppb/phdd/determinants/index.html.

- There is a short supply of mental health services and/or community treatment services are simply unavailable.
- The supply of well-trained mental health professionals is inadequate in many parts of the country, especially in rural areas. Because more mental health services are being provided in primary care settings and the primary care physician is often the first contact for people with mental illnesses, educating primary care physicians to properly recognize, diagnose and treat most mental illnesses and know when to refer the person to others is critically important.
- State of the art treatments are not being widely used in community settings.
- Gaps persist in the broad introduction and application of advances in service delivery to local communities.
- Aboriginal communities find the mental health system to be uninformed about their cultural context.
- The mental health system is highly fragmented and, as a result, people seeking treatment are bewildered by the maze of paths into treatment while others who need care are deterred by the lack of information about where to get effective and affordable services.
- People who live in rural and remote communities face additional challenges in accessing mental health services.
- Health care resources are allocated according to the current use of services rather than based on the health care needs of people in the communities served.
- Lack of coordination among the major sectors of treatment services is a major hindrance in the delivery and planning of mental health services in Canada. Mental hospitals, psychiatric units in general hospitals and community mental health programs often operate in isolation, leading to fragmentation, lack of continuity in care and the absence of clear accountability for providing comprehensive care.
- There are serious problems in inter-provincial arrangements for the treatment of people with mental illnesses.

In Alberta, many of the same challenges and issues can be found. Several reports have pointed to the need for a clear vision and strategic plan, adequate and sustainable funding, access to regional psychiatric beds and acute care, the lack of adequate community services, and the need for programs targeted at specific populations including children, seniors and Aboriginals. Other issues include the separation of programs provided in psychiatric hospitals, the lack of research dedicated to mental health, problems with adequate, safe and affordable housing, human resource shortages and the need for comprehensive information about mental health services.

Many of these challenges apply not only in Alberta but in all provinces across the country. The Final Report of the Commission on the Future of Health Care in Canada recommended that mental health home care services should be included as medically necessary services under the *Canada Health Act*. The Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, launched a review of mental health and mental illness in Canada in February 2003. The results of these studies and other developments at the federal level may have an impact on future initiatives and funding for mental health across the country.

Meeting The Needs Of Specific Groups

Within the overall context of mental health services, specific groups have been identified as requiring increased services including:

- Children and youth – Not only are more services required for children and youth with mental illnesses, but in the long term, treating mental illness in children, reducing the risk, and supporting families and communities will help avoid the much greater downstream costs resulting from the prevalence of mental illness in children.
- Elderly – The proportion of elderly people with psychiatric problems is relatively high compared to other age groups largely because of Alzheimer's disease. There also are high rates of depression and suicide among elderly people.

- People with addictions in addition to mental illnesses – As noted earlier, a significant number of Albertans have addiction problems and many people who have mental illnesses also have addictions.
- Aboriginal people – The uniqueness of the Aboriginal culture coupled with high rates of suicide, substance abuse and family breakdown underscores the need for services specifically aimed at the Aboriginal population.

In addition, expanded services are also required for:
- People with brain injuries
- Chronically mentally ill
- People with mental disorders and physical handicaps
- People with mental handicaps and mental disorders
- Recent immigrants and refugees
- Offenders in the criminal justice system
- People affected by family violence

Adopting Best Practices

There are numerous studies and reports that identify best practices and the characteristics of exemplary mental health systems in meeting many of the challenges identified. In summary, exemplary mental health care systems are:[6]
- Community and general hospital psychiatry-based, with a full continuum of services based on internationally agreed to best practices
- Client-based and encourage family and caregiver involvement
- Innovative, implementing and evaluating innovative service mechanisms
- Information-based, with minimum data sets in place as well as mechanisms for tracking key information on conditions and utilization
- Performance-based, with increasing emphasis and initial progress on performance measurement and quality improvement
- Knowledge-based, with increasing emphasis on research and evaluation

For more information about these and other trends in mental health in Alberta and around the world, please see the literature review and references cited in Appendix 3.

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[6] Adapted from *Best Practices in Mental Health Systems: An International Review (2002)*. Reference included in Appendix 3.

Key Themes And Issues

IDENTIFYING KEY ISSUES

A review of the input from the public, focus groups and interviews, as well as a review of best practices and relevant literature, points to a number of major mental health service issues and considerations that are fundamental to the development of the mental health plan. This includes the following.

- **Service capacity and gaps:** There are significant capacity and service gaps across the entire spectrum of mental health services. In particular, people identified the need to expand services for children and youth, for high risk adults, for seniors and Aboriginal people. A common theme that emerged from consumers, service providers and families was that the general quality of mental health services being provided was reasonably good; however, timely access to these services was severely limited because of resource constraints. The limited availability and range of community-based services and support options for mental health clients and their families was identified as a particularly severe problem.
- **Consumer and provider expectations:** There is a significant pent-up demand for mental health services and a clear perception that mental health services have not kept pace with growing needs. There are also high expectations and hopes that the development of a comprehensive Provincial Mental Health Plan represents a significant opportunity to address some longstanding issues and challenges related to mental health services. Given these expectations it is important to identify and move quickly to implement some high priority initiatives that will produce positive outcomes for clients.
- **Stigmatization and inequity:** The stigma associated with mental illness creates significant access barriers to effective treatment including: reluctance on the part of clients to seek help for fear of being labeled; inequities regarding the allocation of health care resources for mental health services; and challenges in attracting skilled health care professionals and workers to the mental health care field.
- **Funding:** Overall, funding for mental health services is viewed as inadequate to meet current and growing demands for services. There are concerns that mental health services do not receive an appropriate proportion of the overall budget for health care in the province either in terms of provincial allocations or in allocations by regional health authorities. As responsibility for mental health services is being transferred primarily to regional health authorities, many people expressed concerns that funding for mental health must not be diverted to other pressing priorities in the health care system.
- **Integrated service delivery:** Mental health services must be fully integrated into the health care system at the regional, inter-regional and provincial levels. The mental health related dimensions of care should be a fundamental focus for all health care service providers and be a major consideration in the development of all patient/client care plans. Mental health services should also be an integral part of primary health plans and initiatives across the province. This may require a fundamental change on the part of regional health authorities and health care professionals and providers.
- **Decentralized, multi-provider service environment:** The provincial mental health plan must reflect a decentralized service delivery system where regional health authorities, several provincial government ministries, federal government departments and a range of private and not-for-profit agencies are involved in the delivery of services. Organizational barriers to integrating services at the regional, inter-regional and inter-ministerial levels must be removed to optimize benefits for clients.

- **Determinants of health:** As noted earlier, mental health is affected by a broad range of determinants of health that extend well beyond the health care system. A coordinated policy and service delivery framework for mental health services is essential to address this broad range of issues in a coordinated and consistent way.

- **Ethnic and cultural diversity:** The diverse ethnic and cultural background of Albertans dictates the need for programs that are culturally sensitive and appropriate. In particular, a significant focus must be placed on developing programs for Aboriginal people that reflect their unique history, needs and circumstances.

- **Geographically dispersed population:** The large geographic area of the province creates significant challenges relating to isolation and access to services, which underscores the need for creative service delivery options and approaches such as tele-mental health.

- **Critical mass for specialized services:** Some mental health services and programs will need to be delivered at the provincial or inter-regional levels in order to achieve the critical mass of expertise, resources and clients required to ensure high quality services. Structures need to be in place to facilitate the development of selected specialized provincial and inter-regional services that can be accessed by all health regions, based on the consistent application of appropriate clinical criteria.

- **Research:** Progress in achieving better outcomes for people with mental illnesses depends on the availability of research into the causes of mental illness, the development of new treatments and models of care and ongoing evaluation of the effectiveness of various interventions. Currently, there are significant gaps both in mental health research and in applying the outcomes of research in community settings.

A Vision For Mental Health
In Alberta

STARTING WITH A CLEAR VISION

What do we want and expect from mental health services in the future? What kind of outcomes do we expect for people with mental illnesses and what's the best way of delivering services to achieve better outcomes for people with mental illnesses and their families?

These and other related questions must be addressed through a comprehensive vision for mental health in Alberta. The vision cannot be a simple slogan but must describe the kind of future we want for mental health in the province.

The following describes the key components of the vision for mental health that underlies this Provincial Mental Health Plan.

Clients and their families will come first.

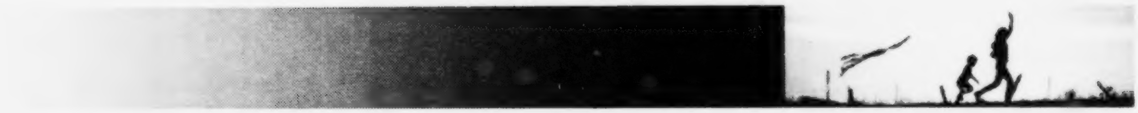
The first and primary purpose of mental health services, plans, research and support is to improve the outcomes for people with mental illnesses and their families. That means services must be appropriate to the circumstances of the people served and that they are treated with dignity and respect. It means the capacity of families and communities to support people with mental illnesses must be substantially enhanced. It means consumers and their families will be satisfied with both their access to and the quality of mental health services. And most important, it means people with mental illnesses and addictions are able to live productive and positive lives.

Albertans will have access to the mental health services they need.

All Albertans should have optimal access to the best mental health care options regardless of where they live in the province. The right services will be delivered to the right clients in the most appropriate setting, whether that's in communities, in community hospitals, or in specialized facilities. A wide range of services will be targeted to specific groups that have the highest needs for mental health services including children and youth, at risk adults, seniors, vulnerable populations and Aboriginal people. A clearly defined range of mental health services will be available in every region while other, more complex services will be delivered on an inter-regional or province-wide basis. Access standards will be in place to ensure timely and equitable access to mental health services.

There will be an appropriate balance between providing treatment and taking action to prevent mental illness and promote positive mental health.

Ongoing treatment of mental illness is critical. But there is a growing recognition that much more can be done to prevent mental illness and promote positive mental health. In addition to treatment and support, services will focus on reducing risk and building capacity in individuals, families and communities to respond to and address mental health needs. As a result of proactive prevention and promotion initiatives, the overall health of the population will improve, rates of mental illness will decline, suicide rates will be reduced and the overall quality of life will be improved. The importance of broad determinants of health will be recognized and reflected in adequate and affordable housing, expanded income support and ongoing opportunities for education and training.



Mental health services will be integrated and coordinated.

Instead of the fragmented system we see today, mental health services will be fully integrated with the health system and the importance of mental health will be recognized and included in the health care system. Care plans will be in place so people with mental illnesses receive seamless care from multiple service providers and supports provided by a range of health care providers, health authorities, community agencies and provincial ministries. Primary health care models and family physicians will be an integral component in the delivery of mental health services.

Albertans will have access to leading edge mental health services.

Technology will be used to improve access and to support the delivery of mental health services. A culture of continuous improvement, evaluation and innovation will permeate the health care system and result in ongoing improvements in the quality of mental health services and outcomes in the province.

Responsibilities and accountability for outcomes will be clear.

The respective roles and responsibilities of Alberta Health and Wellness, regional health authorities, the Alberta Mental Health Board and key stakeholders for setting policy, delivering mental health services, assessing progress and measuring performance will be clear and well understood. Effective measures will be in place to benchmark performance and track outcomes on an ongoing basis.

Funding for mental health services will be adequate, equitable and fair.

There will be a clear understanding that investing in improvements to mental health pays off in improved productivity and quality of life. An equitable funding formula will take into account factors that affect mental health across the province and provide adequate resources for regional health authorities to meet the mental health needs of people in their communities. Funding also will be available to support dedicated mental health research on an ongoing basis. An information management and communication infrastructure will be in place to support the effective and efficient delivery and administration of mental health services.

There will be an adequate supply of well-trained people working in mental health.

Effective training and development programs and human resource management practices will ensure that there is an adequate supply of highly skilled and motivated mental health care professionals. Ongoing professional development and continuing education will ensure that all those involved in mental health services are able to maintain and improve their skills and keep current with the latest developments and best practices. The work place environment for mental health professionals and providers will be transformed so that mental health is perceived as a preferred place to work. Teams of health care providers and other related professionals and providers will work together to meet consumers' needs and barriers between existing professions will be removed.

A strong commitment to research will put Alberta at the forefront of innovation and improvement in mental health.

Research will be used to guide decisions, set priorities and promote innovation in improving clinical practice, discovering new treatments and delivering leading edge mental health services. Comprehensive research plans involving key stakeholders will be used to set priorities, focus research initiatives and support the work of regional health authorities in delivering mental health services.

Effective partnerships will support mental health services.

Productive and innovative partnerships and joint ventures involving public sector organizations, mental health care providers, community agencies, private businesses and educational institutions will be in place and used effectively to coordinate mental health services and advance research and innovation. Other government ministries will be actively involved in mental health and will make substantial investments in programs designed to meet basic needs and contribute to improved mental health, including housing programs, income support, support for seniors and for children and families. Regional health authorities, Health Canada and Aboriginal communities will work in partnership to address the mental health needs of Aboriginal people in ways that respect their unique cultures and traditions.

Albertans will understand and support the importance of positive mental health.

Because mental health affects so many people in our society, Albertans will understand that taking action to address mental health issues and promote positive mental health is important for our province. Increased awareness of mental health will mean that the stigma and prejudice associated with mental health are minimized. The public and the provincial government will take pride in knowing Albertans have access to a wide range of effective mental health services and supports. Expenditures on mental health and related determinants of health will be seen as a wise investment in the health of families and communities, our quality of life, the strength of the economy and the future of our province.

Who Does What?

ROLES AND RESPONSIBILITIES FOR MENTAL HEALTH SERVICES

With the move to more regional responsibility for mental health services, it's important to begin with a clear understanding of the respective roles and responsibilities of the province, regional health authorities, the Alberta Mental Health Board, various ministries, and other consumer groups and individuals involved in mental health or mental health related services:

The following assumptions were used as a starting point:

- The provincial government has made a policy decision to move responsibility for the direct delivery of mental health services to the health regions. That means regional health authorities have the primary responsibility for delivering mental health services funded by Alberta Health & Wellness.
- Services should be delivered as close as possible to where the consumers and their families live. That objective must be balanced with the need to deliver safe, affordable, quality services provided by appropriately skilled staff.
- The ability to provide access to services in various locations across the province will be affected by factors such as geographic dispersion of the population, the availability of expert resources and the need for a critical mass of activity to support a service.
- Given the need to integrate regional mental health service delivery plans (which could include innovative approaches to service delivery such as new primary health care initiatives and new treatment protocols) and limited information on current and future service demands, specific bed targets are premature and may not be appropriate. Furthermore, community-based services are an important priority and the development of adequate community-based treatment options and supports may reduce the need for institutional beds.
- Any changes in the responsibility, location and method for delivering services must be carefully managed so there are no service vacuums that compromise the ability of clients to access the services they require.
- There are a small number of functions that, due to their provincial, inter-ministerial or inter-governmental nature, will require provincial accountability structures and processes.
- A wide range of private providers, non-government organizations, community and consumer groups will continue to provide direct mental health services as well as a variety of support programs, including community programs, support for families and advocacy.

Consistent with those assumptions, key roles and responsibilities have been defined for:

- Alberta Health and Wellness
- Regional health authorities
- Inter-regional structures
- Alberta Mental Health Board
- Inter-ministerial structures

Alberta Health and Wellness

Alberta Health and Wellness has overall responsibility for maintaining the provincial policy framework for mental health in the province. That includes the development and periodic updating of provincial mental health policies and the Provincial Mental Health Plan as well as defining and managing the accountability framework for mental health. The Provincial Mental Health Plan sets the broad vision and strategic directions for mental health services in the province. It provides the context both for mental health services plans developed by regional health authorities and for engaging other government ministries and other service delivery agencies in collaborative initiatives. As part of this context, Alberta Health and Wellness is also responsible for provincial strategies to address priorities and the required statutory, regulatory, policy and funding support. The accountability framework provides a basis for monitoring progress in implementing the Provincial Mental Health Plan, identifying necessary changes and ensuring the fulfillment of mutually agreed roles, responsibilities and performance expectations.[7]

Specifically, Alberta Health and Wellness is responsible for:

- Establishing and maintaining overall provincial policy on mental health
- Delegating responsibility for the delivery of mental health services to the regional health authorities
- Monitoring outcomes and ensuring accountability of the regional health authorities and the Alberta Mental Health Board for the fulfillment of specific expectations defined in performance agreements
- Concluding province-wide agreements with other ministries and other governments for cross-ministerial and inter-governmental health service initiatives
- Establishing clearly defined organizational points of accountability for any provincial level functions as well as appropriate accountability mechanisms

Regional Health Authorities

Regional health authorities are the primary organizational vehicle responsible for delivering mental health services. They are solely accountable to the Minister, through their Boards, for fulfilling their respective roles and responsibilities as detailed in legislation and in their performance agreements.

Regional health authorities should be responsible for ensuring that their residents have reasonable and appropriate access to a wide range of mental health services delivered directly within their regions or indirectly through inter-regional agreements or service contracts with other health care service providers. There should be a strong focus on client care/case management, and programs and services should be targeted to the specific needs of the region.

Broad categories of services to be provided by or in every health region include:

- **Prevention, promotion and protection services** – Activities designed to enhance health, human services and a sense of well-being. They may be aimed at children, youth, adults, seniors, families, groups at risk and the general population, and they may be delivered independently or as a component of other health services.
- **Early detection and intervention services** – Activities aimed at the identification and timely provision of appropriate services for individuals, families and groups with an identifiable but undetected mental dysfunction, disorder or disease.
- **Crisis intervention services** – A range of services focused on providing timely, coordinated responses for people experiencing a crisis where immediate intervention is required.
- **Acute care and treatment services** – Assessment and treatment services for unstable clients with acute mental illnesses.

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[7] Performance expectations for mental health include goals, targets, standards, guidelines and benchmarks, ideally related to a simple and clearly defined scope of desired outcomes.

- **Consultation, assessment, care planning, treatment and continuity of care** – A range of community-based, client-centered services that include: inter-agency consultation to assess client needs and develop an appropriate integrated care plan, including service delivery responsibilities and/or appropriate referral; the delivery of the required treatment/care; and appropriate follow-up.
- **Specialized treatment services** – Highly specialized services targeted at meeting the needs of clients with specific disorders or highly complex needs that require specialized expertise and/or infrastructure to deliver effectively.
- **Rehabilitation services** – Services designed to optimize clients' ability to live, function and contribute more effectively in the larger community.
- **Community supports** – A range of strategic and collaborative activities, services and relationships that help clients and their families to live quality lives in their communities.
- **System supports** – Other organizational infrastructure, including administration, staff and services required to support the effective planning, delivery and evaluation of mental health services.

Regional health authorities should be accountable for developing regional mental health plans (as a component of their regional business plan) consistent with the Provincial Mental Health Plan and reflecting the characteristics of their regions and the needs of their residents. A strong focus should be placed on integrating mental health services within the region as well as ensuring that mechanisms and structures are in place to support effective planning and collaboration with primary care health service providers, other health regions, and other community agencies and support systems.

Inter-Regional Structures

Mental health services that are low volume, high cost, require scarce specialized expertise and/or require specialized facilities, may be more effectively and efficiently delivered on an inter-regional basis. This could involve centralization of selected specialized services where two or more regional health authorities come together to plan, fund and deliver a specific service when this makes sense from a service quality, economic and operational perspective. Some examples of services that may be appropriate for an inter-regional service planning and delivery structure include:

- Long-term facility-based care – inpatient services for mental health clients who, because of the severity of their condition, will require long-term facility-based care
- Tertiary psycho-geriatric services
- Eating disorders services
- Specialized rehabilitation services
- Crisis intervention services
- Services for children with severe mental illnesses or disabilities
- Satellite outreach services
- Tele-mental health services
- Alzheimer's services and facilities
- Addiction services
- Acute inpatient services

The responsibility for developing and delivering inter-regional services should reside with the regional health authorities. Decisions about whether or not to provide services on an inter-regional basis should be based on a feasibility assessment that takes into account:

- Clinical merits (e.g., impacts on service quality, safety, timely access, etc.)
- Operational logistics (e.g., staffing, facility needs, equipment requirements, transportation issues, etc.)
- Financial impacts (e.g., cost effectiveness of the service, sustainability, etc.)
- Community acceptance (e.g., potential customer reactions, provider acceptance, etc.)

Longer-term inter-regional agreements between regional health authorities for delivering inter-regional services should clearly define responsibilities and accountabilities for governance, service planning, funding, service delivery, access standards, and outcomes monitoring and reporting.

Alberta Mental Health Board

While the vast majority of mental health services should be delivered at the regional level, effective functioning of the mental health system also requires attention to a small number of functions and supports where provincial collaboration, coordination and support is critical. This is particularly important in terms of ensuring dedicated and ongoing collaboration among regional health authorities, Alberta Health and Wellness, and other key stakeholders and to facilitate the advancement of provincial initiatives.

The Alberta Mental Health Board should have primary responsibility for provincial collaboration, coordination and support in key areas. In fulfilling its mandate, the Alberta Mental Health Board should consistently work in collaboration with regional health authorities and Health and Wellness. In addition to the specific responsibilities listed below, the Alberta Mental Health Board should be responsible for providing advice to the Minister as requested and representing the province on national and international forums and committees related to mental health. Given the specific mandate identified in the Provincial Mental Health Plan, consideration should be given to changing the name of the Alberta Mental Health Board to more accurately reflect its role in providing provincial policy advice and facilitating collaborative initiatives with regional health authorities and Alberta Health and Wellness.

The following are key areas in which the Alberta Mental Health Board should take the lead role in providing provincial collaboration, coordination and support.

- **Provincial policy framework:** This includes facilitating periodic updates to the Provincial Mental Health Plan as well as other government policies affecting mental health.
- **Strategic data assessment:** This involves identifying provincial mental health data sets and information required to support outcomes measurement and best practice research and evaluation; accessing the required data through Alberta Health and Wellness and regional health authority data management functions; and analyzing this data to identify trends and issues and inform provincial policy and strategic directions.
- **Measuring progress:** This includes working with regional health authorities, stakeholders and consumers to measure progress in implementing the Provincial Mental Health Plan.
- **Consumer advocacy and support:** This includes enabling mechanisms, such as policy and funding, and structures to build the capacity and support the work of mental health consumer advocacy and support groups.
- **Coordination and facilitation:** This includes initiating, coordinating and facilitating selected provincial mental health initiatives and functions including:
  - *Aboriginal mental health:* Because of the unique challenges associated with the provision of mental health services for Aboriginal people, the mental health needs of Aboriginal people will be better served by a province-wide framework supported by provincial ministries, regional health authorities, Health Canada, Aboriginal communities and other service providers. Specifically there is a need for:
    - Provincial coordination of inter-governmental relations and policy, in the context of Aboriginal health.
    - Coordination and facilitation of joint service planning, service delivery, capacity building, innovation, research and evaluation.

- *Forensic psychiatric services:* The unique legislative requirements and challenges associated with the delivery of forensic psychiatric services strongly favours a provincial planning framework that effectively engages regional health authorities, Aboriginal communities, other governments and agencies and other service providers. The Alberta Mental Health Board should continue to coordinate province-wide forensic psychiatric services including facilitating the development of a provincial forensic psychiatric services plan, managing the contract with regional health authorities (on behalf of Alberta Health and Wellness) for delivery of services and facilitating involvement of all regional health authorities to ensure that their needs are met.

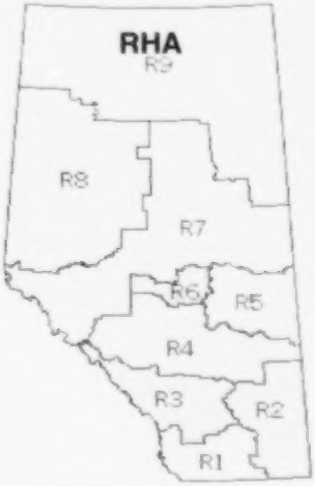
- *Mental health research planning and coordination:* This involves coordinating the development of a provincial mental health research plan that brings to the table Alberta Health and Wellness, regional health authorities, academic institutions, potential research funders, consumer representatives and providers.

- *Performance standards and measures:* This involves coordinating the work of Alberta Health and Wellness, the regional health authorities, academic institutions, service providers and consumers to develop and recommend performance standards and related measures for selected mental health services.

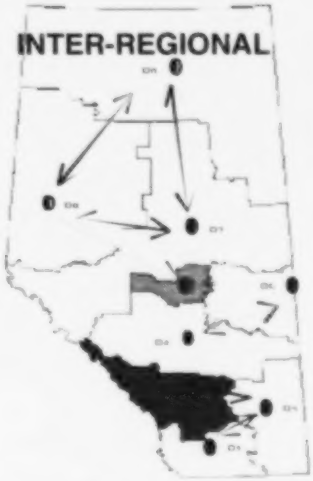
- *Selected province-wide prevention and promotion initiatives:* While it is generally accepted that the primary responsibility for prevention and promotion activities rests with regional health authorities, there will be *selected* prevention, promotion and public education services where provincial coordination reduces duplication and overlap and optimizes the use of resources.

- *Framework for treatment of extremely hard to serve clients:* There are a very small number of clients with exceptionally complex and unique circumstances and needs that make them very difficult to serve. Provisions must be made to ensure that these clients have access to required services. This requires an ongoing mechanism with appropriate clinical expertise to review cases and decide on a case-by-case basis the most appropriate service delivery option. The Alberta Mental Health Board should work with regional health authorities to establish and implement an appropriate mechanism for assessing, making decisions and funding the necessary treatment for these clients.

MENTAL HEALTH SERVICES ROLES AND RESPONSIBILITIES



Prevention, promotion and protection services
Early detection and intervention services
Crisis intervention services
Acute care and treatment services
Consultation, assessment, care planning, treatment and continuity of care
Specialized treatment services
Rehabilitation services
Community supports
System supports



Examples include:
Long-term facility-based care
Tertiary psycho-geriatric services
Eating disorders services
Specialized rehabilitation services
Crisis intervention services
Services for children with severe mental illnesses or disabilities
Satellite outreach services
Tele-mental health services
Alzheimer's services and facilities
Addictions services
Acute inpatient services

ALBERTA
MENTAL
HEALTH
BOARD

Provincial policy framework
Strategic data assessment
Monitoring progress
Consumer advocacy and support
Coordination and facilitation

Other Ministries and Government Agencies

A range of services provided by other government ministries and agencies have significant impacts on mental health service delivery in the province. This includes direct mental health treatment and support services as well as more basic services that impact the determinants of mental health. Specific examples include: supportive housing; group homes; alcohol and drug abuse programs; forensic services; child protection services; services for people with developmental disabilities; educational services; employment services; family support services; income support; etc. The current mental health related roles and responsibilities of these government ministries and agencies are detailed in Appendix 5.

Substantial work has been initiated in the area of cross-ministry service coordination. For example, the Alberta Children's and Youth Initiative has focused the energies of several government ministries on providing a coordinated approach to the strategic planning and delivery of services in a number of selected high priority areas. Several of cross-ministry initiatives have significant implications for mental health service delivery including the:

- Children's Mental Health Initiative
- Children and Youth with Special and Complex Needs Initiative
- Student Health Initiative
- Health Sustainability Initiative
- Early Childhood Development Initiative
- Aboriginal Youth Suicide Prevention Strategy
- The Youth in Transition Initiative

The successful development and implementation of an integrated provincial strategic plan for mental health services requires a commitment to change, a long-term vision, shared values, collaboration not competition and a bias for action. Continued efforts are required to bring the energy, contributions and recourses of ministries, governments, authorities and agencies to the table in a coordinated and focused manner.

What Needs To Be Done?

SERVICE PRIORITIES AND ACTIONS

Given the serious concerns expressed by consumers, their families, mental health professionals and a wide range of organizations and individuals involved in mental health, improving access to mental health services has to be the number one priority for the Provincial Mental Health Plan.

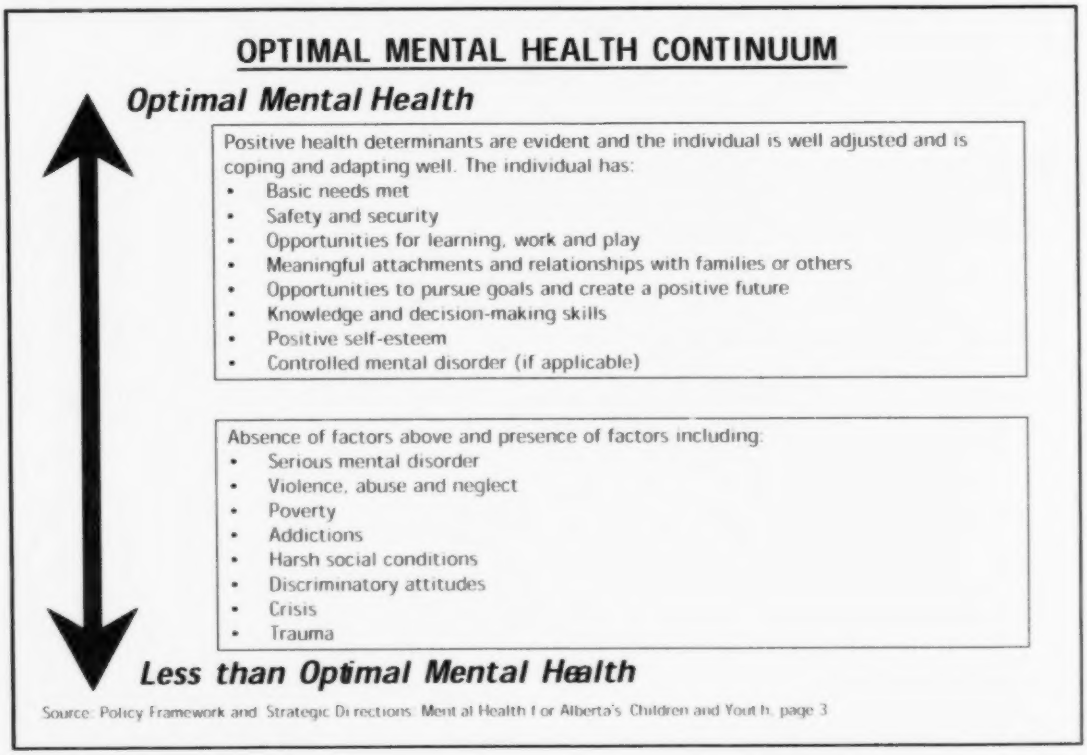
The following sections outline a model for mental health services, describe the scope of services involved and populations to be served and highlight critical priorities and specific actions that need to be taken to achieve the overall goal of improving access to mental health services in the province.

Service Plan Framework And Model

The recommended service plan model for the Provincial Mental Health Plan has been adapted from the *Policy Framework and Strategic Directions: Mental Health for Alberta's Children and Youth.*

The Policy Framework was the result of extensive collaboration among Alberta Health and Wellness, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission, Alberta Human Resources and Employment, Alberta Children's Services, Alberta Learning, Alberta Community Development, Alberta Aboriginal and Northern Affairs and the Alberta Solicitor General. While the Policy Framework was focused on children and youth, the conceptual model has broad application to mental health in general and has been widely accepted by mental health experts as an effective way to think about mental health and mental health services.

Achieving optimal mental health is the overarching goal of the Provincial Mental Health Plan. Optimal mental health is usually characterized by the presence of positive health determinants, effective treatment and management of mental health problems and/or the absence of mental health problems and disorders.



OPTIMAL MENTAL HEALTH CONTINUUM

Optimal Mental Health

Positive health determinants are evident and the individual is well adjusted and is coping and adapting well. The individual has:

- Basic needs met
- Safety and security
- Opportunities for learning, work and play
- Meaningful attachments and relationships with families or others
- Opportunities to pursue goals and create a positive future
- Knowledge and decision-making skills
- Positive self-esteem
- Controlled mental disorder (if applicable)

Absence of factors above and presence of factors including:

- Serious mental disorder
- Violence, abuse and neglect
- Poverty
- Addictions
- Harsh social conditions
- Discriminatory attitudes
- Crisis
- Trauma

Less than Optimal Mental Health

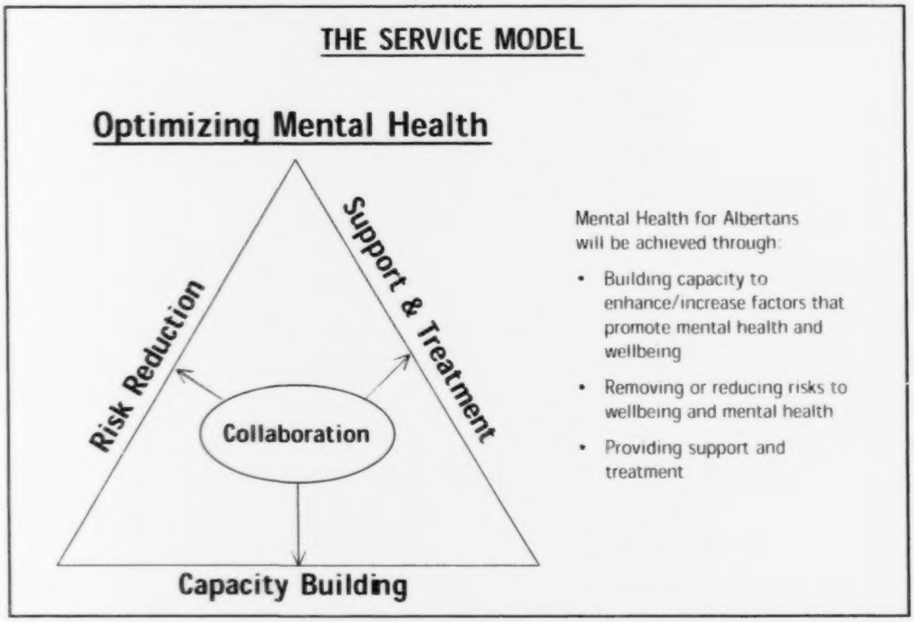
Source: Policy Framework and Strategic Directions: Mental Health for Alberta's Children and Youth, page 3

Service Plan Model

The service plan model reflects the premise that optimal mental health for Albertans will be achieved through three broad strategic directions supported by effective collaboration across the full range of service providers. These strategic directions include:

- **Support and treatment:** Provide assessment, treatment, rehabilitation and community support for individuals and families. Support and treatment includes a range of approaches, programs and services needed to optimize mental health of individuals with mental health disorders and problems.
- **Risk reduction:** Reduce risk and optimize mental health by decreasing factors that negatively impact well-being. These factors may include physical illness, poverty, abuse or chronic neglect, experiencing or witnessing violence, crisis or trauma, addictions, unjust or harsh social conditions, discriminatory attitudes and other obstacles. Risk reduction also includes services designed to prevent mental illness and increase patient safety.
- **Capacity building:** Identify, maintain and strengthen the factors that promote mental health and well-being. While "capacity" is often thought of in terms of numbers of beds or space within a given program, in this case, capacity has a much broader meaning. Capacity building is required at many levels including government, communities, families and individuals and can involve a wide range of interventions and activities. Capacity building activities also include community development activities that are focused on optimizing mental health.

The following chart describes the model and shows the interrelationship among the three key strategic directions.[8] Putting collaboration at the centre of the model reflects the critical need to effectively coordinate the efforts of Alberta Health and Wellness, the regional health authorities, the Alberta Mental Health Board, other government ministries, consumer groups and a range of private, public and not-for-profit organizations involved in the delivery of mental health supports and services.


THE SERVICE MODEL

Mental Health for Albertans will be achieved through:

- Building capacity to enhance/increase factors that promote mental health and wellbeing
- Removing or reducing risks to wellbeing and mental health
- Providing support and treatment

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[8] Adapted from: *Policy Framework and Strategic Directions: Mental Health for Alberta's Children and Youth*, page 3

Scope Of Services To Be Provided

Fundamental to the development of a provincial service plan is a definition of the scope of services to be provided. Mental health programs and services must be planned, designed and delivered with the primary focus on meeting the needs of clients, their families and the communities that support them. Clients with a mental illness and their families do not access mental health services in a linear fashion moving from one type or level of service to the next; rather they need access to a range of therapeutic interventions and community supports of varying intensity at different times in their lives. Accordingly, the mental health services provided and the service delivery model must reflect a **strong integrated case/care management orientation** that effectively links clients and their families to a range of mental health services and supports appropriate to their unique needs and circumstances.

Within this context, the following table provides an overview of the broad scope of services and community supports required to deal effectively with mental health issues. These service categories are not mutually exclusive and the boundaries between them are not rigid. These services have been grouped into major categories for organizational purposes and some specific examples of the types of services are included to more clearly illustrate the nature of services contemplated.

SCOPE OF MENTAL HEALTH SERVICES		
Mental Health Services		**Examples of Services**
Prevention, Promotion & Protection Services	Activities designed to enhance health, human services and a sense of well-being. They may be aimed at children, youth, adults, seniors, families, groups at risk and the general population; and they may be delivered independently or as a component of other mental health services.	• Initiatives targeted at positively impacting the determinants of health • Routine public health screening for neurological deficits and risks • Public awareness and education programs targeted on mental health • Screening for at risk populations • Youth resiliency programs • Workplace wellness programs • Disability prevention programs • Suicide prevention programs • Programs to build self-esteem in schools • Eating disorders prevention programs • Parenting programs • Consumer advocacy and support groups
Early Detection & Intervention Services	Activities aimed at the identification and timely provision of appropriate services for individuals, families and groups with an identifiable but undetected mental dysfunction, disorder or disease.	• Primary care physician services • The Student Health Initiative • School counseling programs • Early psychosis detection clinics • Post-natal depression screening for mothers • Occupational Health and Safety • Crisis and distress lines • Public Health and Home Care screening for mental health problems • Identification and support for families in distress • Consumer advocacy and support groups
Crisis Intervention	A range of services focused on providing timely, coordinated responses for people experiencing a mental health crisis where immediate intervention is required.	• Emergency room mental health services • Hospital-based psychiatric emergency teams • Community response teams; mobile psychiatric assessment teams • Crisis and distress lines • Programs offered by consumer advocacy and support groups • Primary care physicians • Law enforcement services • On-call child welfare services • Short stay beds – 24 hour observation beds • Threat assessment teams • Mental Health Diversion Initiative • Treatment in secure environments

SCOPE OF MENTAL HEALTH SERVICES

Mental Health Services		Examples of Services
Acute Care & Treatment	Assessment and treatment services for "unstable" clients with acute mental illnesses.	• Inpatient psychiatric hospital wards for children, youth, adults and geriatric clients • Outpatient day hospitals • Psychiatric observation short stay units • Community mental health services
Consultation, Assessment, Care Planning, Treatment & Follow-up	A range of community-based, client-centered services that include: inter-agency consultation to assess client needs and develop an appropriate integrated care plan, including service delivery responsibilities and/or appropriate referral; the delivery of the required treatment/care; and follow-up.	• Client-based care plans developed by inter-agency/inter-ministerial teams • Community mental health services • Primary care service providers • Assertive Community Treatment (ACT) • Services provided by consumer advocacy and support groups • Outreach programs • Home Care • Delivery of mental health services in long-term care facilities and assisted living facilities • Geriatric assessment teams • Programs for children with disabilities and complex needs
Specialized Treatment	Highly specialized services targeted at meeting the needs of clients with specific disorders or highly complex needs that require specialized expertise and/or infrastructure to deliver effectively.	• Services for forensic clients • Services for clients with severe brain injuries • Eating disorders programs • High needs/complex psycho-geriatric services • Programs for clients with severe personality disorders • Services for clients with severe, persistent, complex and serious needs • Programs and services for Children in care • Addictions centers • Services for clients with Dissociation/PTSD Trauma • Consumer advocacy and support groups
Rehabilitation	Services designed to optimize clients' functionality and enable them to live, function and contribute more effectively in the larger community	• Specialized rehabilitation programming at Claresholm, Alberta Hospital Edmonton and Alberta Hospital Ponoka • Assertive outreach programs • Independent living supports • Vocational training • Employment re-integration • Addictions centers
Community Supports	A range of collaborative activities, services and relationships that provide assistance to clients and their families to live quality lives in their communities.	• Income support programs, AISH, etc. • Housing services coordination and supports • Vocational training and employment opportunities • Supported group homes, approved homes, day homes • Independent living support programs • Consumer advocacy and support groups • Transportation services • Life skills and self-help education programs • Family supports – parenting programs, respite care, etc.

SCOPE OF MENTAL HEALTH SERVICES

Mental Health Services		Examples of Services
System Supports	Other organizational infrastructure, including administration, staff and services required to support the effective planning, delivery and evaluation of mental health services.	• Governance and administrative structures and services including policy, planning, finance, human resources, capital projects, facilities support, risk management, etc. • Communications and information management structures and services • Research, outcomes monitoring and improvement and evaluation services
Service Integration RHAs, Inter-ministerial and Other Government Agencies	Structures and mechanisms to effectively link and coordinate, and deliver and evaluate services within and across RHAs and other provincial ministries and agencies.	• Governmental policy framework that encourages and facilitates an integrated approach to service delivery (i.e., the political will must be there) • High priority cross-ministerial initiatives with appropriate inter-ministerial governance structures (e.g., Young Offenders Programs, Custody Diversion Program, Children's Health Initiative, Aboriginal Youth Suicide Prevention, etc.) • Regional care/case management networks that cut across ministerial and RHA boundaries where appropriate • Consumer advocacy

Populations Served

Another key component of a provincial mental health service delivery plan is identifying the key groups of people who receive mental health services. Different approaches can be used to categorize the people served including diagnosis/treatment categories, geographic parameters or larger population categories based on age.

This Plan identifies broad population categories based on age, vulnerable populations and the population at large. The resulting broad categories are: children, youth, adults, seniors, Aboriginal people, vulnerable groups and the general public. Indeed, we are talking about all Albertans.

Within each of the broad categories, a number of subsets have been identified. The purpose is **not** to develop an exhaustive list of every potential population subset for every health region, but to identify major subsets of people who are most affected by factors that impact their mental health and well being. Appendix 4 details these populations and the related subsets.

For each population category, services should be provided in all three of the strategic directions detailed in the service plan model (i.e., support and treatment, risk reduction and capacity building). The relative priority assigned to each strategic direction should be established by each regional health authority and reflect unique local needs, circumstances and the availability of resources.

Mental Health Service Priorities

Given the wide range of needs for expanding mental health services, it is difficult to develop a definitive list of priorities that applies in all regions across the province. There are serious gaps in mental health services across the full range of facilities and community-based care. These gaps cannot be adequately addressed without increased investments in mental health. On the other hand, there are substantial human and economic costs both to individuals and their families and to our society as a whole if mental health issues are not dealt with effectively.

Instead of developing a prescriptive list of priorities, the Provincial Mental Health Plan identifies a range of priority opportunities for improvement and key areas where action clearly is needed. Within the scope of the priorities identified in this overall plan, regional health authorities should be responsible for assessing the needs of people in their communities, identifying priorities and developing strategies that best meet their local needs, resources and circumstances.

It is also recognized that the list of priorities is extensive and the challenges involved in taking action are quite daunting. Clearly, funding priorities will have to be set at the provincial and regional levels and these decisions will affect the implementation and timing of any initiatives focused on addressing these priorities. Regions will also need to consult with the various partners in their region, examine how services are delivered within their regions and identify any opportunities for efficiencies within existing resources.

With that context in mind, the overall priorities identified in the Provincial Plan reflect:

- The results of the provider and consumer focus groups and the public input process
- A best practices review
- Numerous presentations from experts on a range of topics and issues where additional information was requested to support the deliberations
- Ongoing consultations with service providers in their respective organizations

- The substantial clinical knowledge and management expertise of people involved in the Service Plan Working Group

The priorities are grouped under the three strategic directions in the mental health service plan model – namely support and treatment, risk reduction and capacity building. Given the inter-dependencies among these three strategic directions, several of the strategies and actions could support more that one of the strategic directions.

The large population categories and related subsets were also used where appropriate to more sharply define areas where energy and resources should be targeted. Under each of the major strategic directions, strategies and actions that apply generally to all of the broad population categories are identified first and those that are more specific to a particular population category follow.

Priority Strategies And Actions – Support And Treatment

General: These strategies have application to all of the broad population categories.

- **Crisis services:** Improve access to crisis intervention services for all service populations.

  This should include: improving access to 24/7 psychiatric support and consultation; increasing the capacity of mobile response teams to respond to crises in a timely manner; increasing access to short stay psychiatric stabilization beds; increasing the utilization of integrated care management teams; and increasing the use of tele-mental health services to support rural areas.

- **Care/case coordination:** Tailor services to meet the needs of individual clients and their families.

  This could include the utilization of "Assertive Community Treatment" models, primary health care networks and other creative approaches to support the seamless delivery of mental health services and supports.

- **Shared care:** Position mental health services as an integral part of all primary health care reform initiatives.

  This would expand the shared care model to include mental health services and bring mental health therapists together with other health service providers as part of inter-disciplinary primary health care teams. The role of general practitioners and their offices in meeting the needs of mental health clients should also be strengthened through greater support and integration with other levels of care and implementation of shared mental health models that link specialists with general practitioners. Steps should also be taken to build on the opportunities provided through the agreement between the Alberta Medical Association, Alberta Health and Wellness, and the regional health authorities including the Primary Care Initiative, Specialist Care Initiatives, the review of the Physician Services Budget, the Physician Office System Program, the Best Practices Initiative, etc.

- **Planning and follow-up:** Improve planning to ensure effective transition between different types of care and treatment, including the transition from acute-facility based services to the community and linkages with other sectors and services as required.

  There needs to be a smooth and seamless transition among the different types of care needed by individual clients. Effective planning should be in place at all levels, including mechanisms to help facilitate the discharge of mental health clients into safe home environments, which in turn will help to reduce the need for future crisis interventions or hospitalization.

- **Concurrent diagnosis/co-morbidity:** Increase the capacity to respond to the needs of clients with more complex mental health problems including concurrent diagnosis/co-morbidities.

There are increasing concerns about the number of clients with concurrent diagnosis and the challenge of meeting their needs. Mental health specialists should play an expanded role, working in partnership with other providers and organizations, to address the needs of people with dual diagnosis and behavioural challenge (e.g. people with brain injuries and autism).

- **Substance abuse and addictions:** Collaboratively develop a provincial strategy for increasing investment and addressing the needs of mentally ill clients with addiction and substance abuse problems.

  People with mental illnesses who also have substance abuse or addictions problems present a specific challenge in terms of treatment and care. AADAC should continue to act as the primary government agency charged with providing addictions services within the health regions. It should also take the lead in working directly with health regions and other key stakeholders in developing a provincial strategy for addressing the needs of clients with both mental illnesses and substance abuse problems. The implementation of AADAC services for any regional health authority should be based on local needs and planned at the local level utilizing formal structures that effectively engage regional health authorities and other relevant stakeholders. AADAC should be responsive to the unique service needs of the regional health authorities and plan and deliver programs that are tailored to those needs.

  Recognizing that substance abuse and addictions problems exist across all age groups, increased investment should focus on abuse of prescription drugs, alcohol addiction and gambling addiction.

- **Forensic services:** Enhance the integration, delivery and effectiveness of forensic services by improving:

  Joint planning: Effectively engaging the Alberta Mental Health Board, regional health authorities and relevant ministries in the planning, coordination and delivery of forensic services and enhancing the current advocacy and monitoring functions of the Forensics Advisory Council to support this process.

  Access to forensic psychiatry services: Increasing service capacity by continuing to enhance forensic psychiatry services to ensure the mandate of a provincially focused service is achieved (i.e., adult and adolescent inpatient, outpatient and community geographic team resources).

  Access to general mental health services: Improving the access for forensic psychiatry clients to general mental health services provided within health regions where it is appropriate to do so.

  Access to diversion programs: Increase support for and expand criminal justice diversion programs where appropriate.

- **Tele-mental health services:** Expand the utilization of tele-mental health to support service delivery.

  Substantial work has been done by the Alberta Mental Health Board to develop tele-mental health services. This initiative has yielded significant positive results and should be expanded. Regional health authorities should be responsible for working together to build on the success to date and expand tele-mental health initiatives on a cooperative basis.

- **Brain injury:** Develop a province-wide strategy for brain injury services through a process that effectively engages the regional health authorities, Alberta Community Development (Brain Injury Network), key service providers and consumers.

The specialized Brain Injury Rehabilitation services currently delivered at Alberta Hospital Ponoka for patients requiring specialized long stays (300 plus days) should remain a provincial service, delivered by the David Thompson Health Region. Future decisions about the need for a provincial service should be based on the outcome of the province-wide strategy.

The responsibility for the delivery of brain injury services is shared by the regional health authorities and Alberta Community Development. Long-stay brain injury services are delivered at the Alberta Hospital Ponoka by the David Thompson Health Region. Capital Health and the Calgary Health Region operate shorter-stay brain injury rehabilitation services at the Glenrose and Foothills hospitals respectively; and Alberta Community Development through the Brain Injury Network works with all of the regional health authorities to deliver community-based care. In addition, all regional health authorities are involved in trying to meet the needs of brain injured people in their respective regions.

Population Specific: These strategies are targeted to specific population categories.

- **Assessment and treatment services for children and youth:** Ensure that developmentally and age-appropriate programming and treatment options are available within acute care and community settings.

  Specifically, actions should be taken to:
  - Increase assessment and treatment services capacity across the full range of mental health services for children and youth
  - Enhance assessment and treatment services for children and youth with mental health and behaviour disorders, including those who are a danger to themselves or others
  - Target resources at improving treatment programs and services in the following high needs areas:
    - Children and youth with persistent and serious mental disorders
    - Youth with addictions and substance abuse problems
    - Youth in prostitution
    - Youth with eating disorders
    - Youth with mental disorders who are in conflict with the criminal justice system

- **Alberta Children and Youth Initiative (ACYI):** Use the organizational framework and management structure of the ACYI to advance the following initiatives that have implications for children's and youth's mental health services:
  - Children's Mental Health Initiative
  - Children and Youth with Special and Complex Needs
  - Student Health Initiative
  - Early Childhood Development
  - Youth in Transition

  Appendix 5 provides a more detailed description of these initiatives.

- **Services for children in care:** Ensure that the needs of children in care are proactively and collaboratively addressed by regional health authorities, relevant ministries and related authorities.

  Protocols should be included in regional mental health service plans and may address, at a minimum, improved access to the full range of required mental health services and supports (e.g., assessment, early intervention, crisis services, treatment, etc.) as well as collaborative care planning.

- **Adult Early Onset Dementia:** Target resources to improve access to services for adults suffering from Early Onset Dementia.

This is an area of increasing concern among the 50 to 65 age group and it requires a full range of programming including early detection, assessment, facility and community-based treatment options and follow-up.

- **Psycho-geriatric services:** Increase investment in psycho-geriatric services to accommodate increasing demand as a result of demographic trends.

  Specific service priorities include: increased access to tertiary psycho-geriatric beds; increased services and placements for dementia patients; enhanced assessment and referral services; and increased access to seniors' crisis response teams.

- **Treatment and support for vulnerable populations:** Improve treatment and support services for vulnerable populations by:
  - ○ Establishing systems and mechanisms to support inter-regional and inter-ministerial collaboration and joint service planning and delivery
  - ○ Utilizing an integrated case management approach to consultation, assessment care planning, treatment and follow-up, including a pooling of resources across ministries where appropriate
  - ○ Implementing a more intensive approach to mental health care for high risk, complex and potentially dangerous segments of the population (e.g., establish a mental health intensive care program)
  - ○ Utilizing alternative delivery mechanisms as a means of reaching more isolated segments of the vulnerable population (e.g., tele-mental health; crisis telephone lines; Health Link, etc.)
  - ○ Utilizing outreach/mobile programs to support service delivery in both urban and rural settings
  - ○ Increasing access to prevention and treatment services in correctional facilities
  - ○ Cross-training mental health workers across specialized services (e.g. addictions counselors, eating disorder specialists in community settings, etc.)

- **Programs for homeless people:** Provide access to on-site mental health programs and referral services for homeless people who access shelters or drop-in centers.

  Alberta Seniors, community organizations or operators and Alberta Health and Wellness (through the regional health authorities) should work together to develop and provide mental health services and supports at drop-in centers and shelters for homeless people. Since it is estimated that between 40% and 50% of homeless people at shelters have a serious mental disorder, there is a significant opportunity to triage these clients to the services and supports they need.

- **Access to culturally sensitive Aboriginal mental health programming:** Provide effective, appropriate and culturally sensitive programming for Aboriginal people.

  Steps should also be taken to create formal partnerships with Health Canada to ensure that comparable programs are available to First Nations people living on and off reserves, so that seamless services are available when people move back and forth between their home communities and other locations.

  The success of Aboriginal mental health services depends directly on the cultural appropriateness of the service. Therefore, it is critically important to effectively incorporate within the mental health services plans of regional health authorities, traditional Aboriginal approaches to healing that address the unique challenges created by the historical experience of Aboriginal people in this province. Programs must be holistically focused, reflect the physical, spiritual, emotional and social dimensions and must tap into the substantial expertise and knowledge resident in Aboriginal communities. Capacity building approaches that identify the strengths and recognize the expertise within each Aboriginal family and community are critically important to success. This includes the effective utilization of traditional healing/healers, Elders and indigenous research approaches.

Specific actions should be taken to improve access to effective culturally sensitive mental health programs and services in the following high priority areas:

- Early assessment and intervention programs and services
- Substance abuse and addictions programs and services
- Suicide prevention programs and services
- Programs and services to prevent Fetal Alcohol Spectrum Disorder (FASD) and ensure early identification of children with FASD
- Programs and services to ensure safety with family violence, abuse and neglect

Priority Strategies And Actions – Risk Reduction

General: These strategies apply to all of the broad population categories.

- **Prevention, promotion and public awareness:** Increase the focus on activities that prevent mental illness, improve mental health and increase public awareness of mental health issues. Specific strategies include the following:

  Encourage investment in mental health: Develop and implement a provincial communications strategy targeted at informing the public and key decision-makers about the social and economic benefits of improving conditions relating to a range of needs that impact health in general and mental health in particular. This could include mobilizing the mental health community to coordinate efforts to increase the public's awareness of mental health issues, needs and the benefits of appropriate investment in mental health services and programs.

  Focus on the determinants of health: Make a concentrated effort to focus the energy and resources of relevant government ministries on projects that evidence shows will positively impact the determinants of mental health (e.g., reducing poverty, affordable housing, supportive housing, public education, safe communities, etc.).

  Reduce stigmatization: Develop educational programs designed to increase acceptance and awareness of mental health issues and reduce stigmatization. Programs should focus on creating a sense of hope, acceptance and support among the mentally ill, their families and the community at large and may include:

  - School-based programming to increase awareness, understanding and acceptance
  - Media advertising and Web-based programming
  - Identification of mental health champions in every ministry, regional authority, community and school
  - Utilization of marketing and promotion techniques to increase acceptance of people with mental illness in target areas (e.g., large corporations, businesses, other workplace settings, etc.)

  Inventory of mental health resources: Educate the public and care providers on system changes and how to access and use the health system. This could include building on Health Link and the information already available at Health Link to establish a clearinghouse of mental health information and resources for individuals, families and health providers.

- **Suicide prevention:** Develop and implement an effective suicide prevention strategy designed to substantially reduce rates of suicide and suicidal behaviour in the province.

  Suicide is a serious and preventable population health concern in this province for all age groups and should be addressed by a comprehensive strategy. The strategy should have defined reduction targets and utilize a range of strategies appropriately targeted at the general population, school aged children and vulnerable groups, including Aboriginal youth. Under the Alberta Children and Youth Initiative, an Aboriginal Youth Suicide Prevention strategy has been developed and should be linked to an overall suicide prevention strategy for the province.

Consistent with its role in selected province-wide prevention and promotion initiatives, the Alberta Mental Health Board in partnership with regional health authorities, and in collaboration with Health and Wellness and other key stakeholders, should initiate and facilitate the development of a provincial approach for the prevention of suicide.

- **Affordable housing:** Create incentives to encourage private, public and voluntary providers to expand the supply of safe and affordable housing across the province.

  All stakeholders should be involved in developing and implementing a housing strategy in support of mental health. The return on investment associated with providing people with safe and stable accommodations has been well documented in terms of reduced demands on the health care system, reduced levels of crime, improved employment prospects and improved overall quality of community life (Note: Adequate housing is a critical issue and strategies for expanding access to safe and supportive housing are outlined under the section on Capacity Building). Planning and follow-up should also be in place to ensure that when people are discharged from an acute care facility, they are able to go to appropriate housing, with medication monitoring and support services in place.

Population Specific: These strategies are targeted to specific population categories.

- **Children and youth – early intervention, prevention and education:** Increase recognition, awareness and understanding of the needs of children and youth with mental illness and the benefits of effective prevention, early intervention and treatment programs.

  Specific strategies to address this priority should include:

  - Enhancing assessment services and counseling capacity within the school system and using an early intervention approach with appropriate linkages to other agencies to increase the timeliness of services
  - Developing collaborative models and mechanisms that enable timely detection and intervention in the community (e.g., improved pre-natal and post-natal screening, etc.)
  - Implementing the Alberta Early Childhood Development Strategy which includes a range of services to expectant parents, new parents and infants, and parenting supports and skills programs
  - Developing and implementing early intervention, prevention and education programs to support families in at risk situations
  - Implementing early intervention and treatment programs that target specific vulnerable groups (e.g., children who are a threat to themselves and others, children with FASD, ADHD, etc.)
  - Continuing to focus on school programming designed to increase student self-esteem, empathy and mental health, such as Safe and Caring Schools, and enhancing the mental health component of the health curriculum to increase awareness of mental health issues and reduce stigmatization
  - Providing services for children and adolescents whose parents have a mental disorder
  - Educating school administrators and staff on how to identify children's and adolescents' mental health needs
  - Developing and implementing stigma reduction strategies in schools and communities to decrease negative labeling of children with mental illness

- **Seniors' community wellness programs**: Place increased emphasis on developing programs and infrastructure in the community designed to reduce isolation, maintain optimal functioning and improve the mental health of seniors.

Specific strategies could include:

- Seniors' drop-in centers, day programs, inter-generational programs, recreational activities, etc. that bring seniors and other members of the community together in a setting that reduces isolation, decreases stigmatization and increases connectivity to the community
- Programs tailored for and delivered in long-term care, assisted living and group home settings
- Mobile/outreach services to reach broader populations of seniors who may have mobility related challenges

- **Services for expectant women and new mothers:** Work cooperatively with women's and children's health services in each region to ensure that prenatal education, screening and pre- and postnatal counseling are provided to all expectant mothers.

  Expanding prenatal education and providing screening and counseling services will help ensure that children are spared any preventable mental illness problems such as fetal alcohol spectrum disorder. Postnatal counseling should also be available to deal with post-partum depression and other mental health issues for mothers and children.

Priority Strategies And Actions – Capacity Building

General: These strategies apply to all of the broad population categories.

- **Safe and supportive housing:** Improve access to an appropriate range of supportive housing/living options for clients with severe and persistent mental health problems.

  Specifically, partnerships should be established among Alberta Seniors, Housing Authorities, Alberta Health and Wellness and regional health authorities to develop supportive housing initiatives that include capital and operational funding as well as funding for the trained multi-disciplinary in-home support staff that may be required.

  Improved access to supportive housing options for clients with mental illnesses will substantially reduce the pressure on inpatient hospital beds which are often blocked because of the lack of an appropriate and available community-based housing situation, with required supports, to receive patients when they are discharged.

- **Funded homes:** Ensure compliance with the provisions of the *Protection of Persons In-Care Act*.

  Through both the focus groups and the public input to the development of this plan, serious concerns were expressed about the need to monitor the quality of care in group homes and other funded homes for people with mental illnesses. Effective mechanisms and resources are needed to monitor the quality of care, follow-up on concerns and to hold funded home operators accountable for following the legislation and regulations.

- **Community capacity building and inclusion:** Build the capacity of families and communities to meet client needs, provide effective linkages to required services and supports and develop a sense of community inclusion for people with mental disorders.
  Community capacity building could include a range of strategies including:
  - Increasing the funding for and focus on community-owned and led initiatives
  - Establishing a community innovation fund to encourage the utilization of new and innovative approaches to service delivery
  - Establishing defined sets of community resources that mental health clients and their families can access
  - Providing programs and services designed to promote resilience and build individual and family capacity
  - Providing training programs in the workplace and in schools to train people to identify and refer people to the right services

- **Individual family and community supports:** Increase the resources for individuals, families and community-based support programs designed to: address the socio-economic factors that influence mental health, increase the ability of clients to cope with mental health issues, increase the capacity of families and communities to care for clients with mental illnesses and increase the capacity of clients and families to participate in their communities.

  Potential actions to support this strategy include:
  - Enhancing counseling and respite services for families with children and adolescents with mental illness
  - Improving programs designed to protect people from abuse, neglect and family violence
  - Increasing client access to mental health therapy services
  - Developing an inventory of available services and resources to facilitate more appropriate referrals to mental health services and supports
  - Providing adequate financial support for required medications
  - Increasing access to respite services and supports for families with mentally ill members
  - Developing/enhancing re-training and employment opportunities for mental health clients

- **Income supports and supportive employment:** Ensure that the financial resources available to low income Albertans with mental health problems adequately provide for the basic necessities of life and participation in required community-based activities.

  Possible actions could include:
  - Ensuring that AISH and other income support levels are adequate to meet individuals' needs
  - Ensuring that AISH policies and procedures provide the supports that clients require and encourage the integration of clients into the workplace
  - Increasing emphasis on creating employment opportunities that are more responsive to the unique needs of clients with mental disorders

  Alberta Human Resources and Employment is in the process of implementing a new integrated program for low income people that provides access to a range of programs and supports from income supports to health benefits, education and training. This should have a positive effect in this area.

- **Consumer support groups:** Provide greater support for consumer owned and led supports and services, including the expansion of support for self-help groups, club houses, etc.

- **Ethnic groups:** Develop community-based support systems and culturally sensitive programming to reach high risk members of immigrant and ethnic populations.

  Increasingly our communities have large segments of the population that do not access or derive optimal benefit from mental health services because of language barriers or obstacles created by diverse cultural values. Provisions should be made for alternate treatment/care approaches and models (e.g., multi-cultural health brokers, immigrant support groups, eastern medicine, healing circles, etc.) that reflect the growing diversity of Alberta's society.

- **Developmental disabilities:** Improve the coordination and integration of services for people with developmental disabilities with mental health services provided by regional health authorities.

  The partnership already established by the Persons with Developmental Disabilities Board and the Alberta Mental Health Board provides an important starting point for improving integration and coordination at the regional level. Regional health authorities should support and advance this initiative. Steps should also be taken to ensure that the Provincial Mental Health Plan, the Disability Transition Framework, and the development of new programs and services for adults with disabilities are advanced in partnership to avoid duplication and further gaps in service.

Population Specific: These strategies are targeted to specific population categories.

- **Youth in transition:** Build bridges and supports to assist youth with mental health problems to transition from adolescent to adult programs and services.

  Supports are required for youth with mental problems, complex needs and/or disabilities who are moving to the adult services model to ensure that they do not fall through the cracks. This includes better information, referral and coordination services for youth as they become adults, including those with Fetal Alcohol Spectrum Disorder, autism, or Asperger's Syndrome who have traditionally not been eligible for mental health services. Transition services and supports should include programs to encourage adolescents to complete their education and participate in life skills training programs that prepare them for the workplace (e.g., managing personal finances, inter-personal relationship skill development, parenting courses, basic life skill development, targeted workplace initiatives, etc.).

- **Community supports for seniors:** Place increased emphasis on the development of community supports for seniors.

  Seniors represent an increasing percentage of the population and this trend will continue. Examples of required supports include: supports that allow seniors to age-in-place within the community, respite care and other supports for families caring for seniors with mental illnesses and programs to address incidents of seniors' abuse.

- **Aboriginal community-based strategies:** Use integrated community-based service delivery strategies to address the determinants of health and ensure that services are available and accessible in the communities where Aboriginal people reside.

  A strong focus must be placed on community capacity building designed to improve conditions related to the determinants of health such as adequate housing, good employment opportunities, adequate income levels, etc. In addition, Aboriginal people will be more likely to access a service if it is delivered in their communities and in culturally appropriate ways. All relevant government ministries should be involved in ongoing implementation of the Plan to ensure that the determinants of mental health can be addressed over the longer term.

- **Aboriginal mental health service providers:** Ensure that service providers have the training required to increase their capacity to become culturally competent to serve Aboriginal people.

  As noted in one recent report, "Mental health providers can only create an environment of 'cultural safety' for Aboriginal people if they have been trained to understand and accept the cultural, linguistic, tribal, geographical, economic, political and community context of the various Aboriginal communities. Failure to grasp the significance of these contextual factors often leads to stigmatization, misdiagnosis and inappropriate treatment." (Health Authorities Handbook on Aboriginal Health, BC Ministry of Health, Aboriginal Health Division, p.53).

How Do We Fund Mental Health Services?

FUNDING MODELS FOR MENTAL HEALTH

Background

As noted earlier in this Plan, there are consistent concerns with the amount of funding available to support mental health services in the province. These concerns relate not only to the proportion of the total provincial budget for health care that is allocated to mental health services but also the proportion of funds allocated within each health region to meet the mental health needs of people in the communities they serve. Concerns also relate to the need to develop a funding approach that equitably distributes funding for mental health services among regional health authorities.

Unfortunately, there is no simple answer to the question, "What is the right amount to spend on mental health services?"

Approximately $472 million was spent on mental health services in Alberta (2002). That includes $251 million that had originally been allocated to the Alberta Mental Health Board but now is allocated to the health regions by Alberta Health and Wellness, an estimated $101 million from regional health authority allocations and $120 million in the Medical Services Budget to cover physicians' services. This represents approximately 7% of the total provincial health care expenditures. This amount does not reflect all expenditures related to mental health services. Examples of areas excluded from these figures include: general/acute care beds used to provide mental health services, emergency rooms, and other outpatient centres where mental health services are provided. Funding for mental health services and supports is also provided by a number of provincial ministries, in addition to Alberta Health and Wellness, including Children's Services, Human Resources and Employment, Aboriginal Affairs and Northern Development, Seniors, etc.

In comparison with other jurisdictions, a report from the U.S. Surgeon General indicates that 7% of total health spending is on mental health services. That includes publicly and privately funded services. The report goes on to say that, in the United States "the research based capabilities to identify, treat and in some cases, prevent mental disorders are outpacing the capacities of the service system to deliver mental health care to all who could benefit from it."[9] Another report on best practices in mental health systems[10] reports that the percentage of total health expenditures allocated to mental health ranges in the countries reviewed ranges from 5 – 11%.

This comparison provides a context for reviewing spending on mental health in Alberta but significant caution should be exercised in drawing specific conclusions due to the inherent problems associated with comparing cross-jurisdictional data. In many cases, there are different bases and different types of services included. Furthermore, in Alberta, funding for many mental health-related services is integrated within the health system and within the community. That makes it difficult to quantify precisely how much is currently being spent in Alberta on mental health services. As a result, comparisons of Alberta's level of spending with other jurisdictions are extremely tenuous at best.

Another way of assessing the level of funding is to look at the proportion of funding allocated to mental health services compared to the overall burden of illness. As noted earlier, studies from the World Bank and the World Health Organization indicate that mental disorders account for more than 15% of the burden of illness in many countries, including Canada. Perez and Wilkerson report that psychiatric illness is growing faster, as a percentage of the global burden of disease and injury, than cardiovascular disorders and that, within 20 years, depression is projected to be the leading cause of work days lost through death and disability in the developed world.[11]

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[9] Mental Health: Report of the Surgeon General of the United States (2002)

[10] Huebner, L., Gardiner, H. & Adair, C. (2001). *Best Practices in Mental Health Systems: An International Review*. Prepared for the Alberta Mental Health Board

[11] Perez and Wilkerson (1998) *Mental Health: The Ultimate Productivity Weapon*

While we do not have comprehensive or up-to-date information on current levels of spending on mental health services, we do know that there are serious gaps in mental health services and in meeting the needs and improving outcomes for consumers. That means additional resources may be required over time. It also means reviewing how current resources are used to meet mental health needs and seeking the most effective and innovative approaches to make the best use of existing resources both within regional health authorities and in the community.

The successful implementation of the Provincial Mental Health Plan depends not only on ensuring that there are sufficient resources to provide the necessary mental health services but also on establishing a funding framework and an information management infrastructure to allocate funds equitably. Specifically, the funding framework needs to support:

- The delivery of mental health services at the provincial, inter-regional and regional levels
- The development and implementation of a mental health funding methodology that allocates funds using mental and health need-based modifiers that accurately reflect the utilization of mental health services
- The development and implementation of effective import/export mechanisms to ensure fair and appropriate funding of inter-regional mental health services and networks
- The shift from a segregated, institutional-based service delivery model to an integrated, community-based service delivery model
- The merger of the two separate sources of funds for mental health services (one is the funding previously allocated by the Alberta Mental Health Board and the other includes population-based regional health authority funding) into a single funding envelope
- The establishment of effective performance monitoring and evaluation tools and structures

Funding Principles

A number of important general funding principles should be in place to guide the development of the mental health funding framework and its supporting methodologies and structures. In addition to overall funding principles, principles should also be in place for three levels of delivery of mental health services: regional level, inter-regional level and provincial level. These principles apply only to operating funding for mental health. Regional health authorities should address the impact of this plan as part of their capital planning process. In addition, the provincial government's review and approval of new capital projects should ensure that optimal use is made of existing facilities across the province.

General funding principles

- The funding framework will enable the predictable, sustainable and equitable allocation of resources required to successfully implement the Provincial Mental Health Services Plan, to fulfill the performance expectations outlined in the performance agreements between the province and health authorities, and to support innovation and the expansion of knowledge.
- Resources allocated to mental health will reflect the needs of the clients/patients served and take into account the burden of illness (i.e. the economic and social impact of mental illness).
- The funding framework will not create barriers for patient/client access to services, especially at the provincial and inter-regional levels.
- The funding framework will require common indicators, data sets and reporting standards that enable the monitoring and evaluation of accessibility and effectiveness.
- The funding framework and allocation methodologies will be transparent and easy to understand.

Regional level funding principles

- Program funding will ensure a base level or minimum set of mental health services for each region.
- Program funding will be allocated using a population-based approach with appropriate mental health need-based modifiers, and will take into account factors such as the magnet effect of having a mental health facility in their region.

Inter-regional level funding principles

- Inter-regional programs will be defined clearly with respect to the following parameters:
  - Service mandate, standards and expectations
  - Accessibility
  - Service volume
  - Cost
  - Inter-regional governance and accountability frameworks including performance contracts with appropriate monitoring, reporting and evaluation mechanisms
- The process for defining program parameters will be transparent and will provide for the meaningful input of key stakeholders (e.g., regional health authorities, consumers, Alberta Health and Wellness and other ministries where appropriate). Funding for specialized services will be provided from the population-based funding pool of the participating regions. The population-based pool will reflect appropriate mental health need-based modifiers and will include effective import/export mechanisms to ensure fair and appropriate funding of inter-regional mental health services/networks.
- The funding framework will ensure the viable and stable delivery of specialized services and programs (i.e., if the program cannot be effectively delivered on an inter-regional basis, it should be designated as a provincial program).

Provincial level funding principles

- Provincial services will be defined clearly with respect to the following parameters:
  - Service mandate, standards and expectations
  - Accessibility
  - Service volume
  - Cost
  - Provincial governance and accountability frameworks including performance contracts with appropriate monitoring, reporting and evaluation mechanisms
- The process for defining parameters for provincial services will be transparent and provide for the meaningful input of key stakeholders (e.g., regional health authorities, Alberta Mental Health Board, consumers, Alberta Health and Wellness, providers and other ministries where appropriate).
- Provincial services will be funded based on a pre-determined funding value.
- All Albertans will have equal access to provincial level services and they will not be unnecessarily duplicated.
- Provincial services and funding methodologies will contain incentives for efficient and innovative service delivery.
- Provincial services will have oversight and issues resolution mechanisms built into their performance contracts.
- Provincial services will be funded separately from population-based funding.

Inter-ministerial level funding principles

- Cross-ministerial initiatives will be enabled and supported by integrated funding mechanisms with appropriate joint governance frameworks and accountability structures (e.g., inter-ministerial funding pool, inter-ministerial projects and initiatives, shared program costs and benefits, etc.).
- Cross-ministerial initiatives will have consistent monitoring, reporting and evaluation mechanisms.

Transition Issues

A new funding framework for mental health services consistent with these principles will take some time to develop and implement. In the mean time, there are a number of major transition issues that need to be addressed. Those issues include:

- The potential loss of existing service capacity as an unintended consequence of shifting funds prior to the establishment of alternative programming and projections of future demand
- An inability to ensure appropriate accountability because consistent and comparable data on expenditures and services is not yet available
- The need to facilitate the integration of mental health information requirements into the regional health authority information systems and thereby avoid unnecessary duplication of information management systems
- The need to set a standard price for similar services and acuity levels provided on an inter-regional basis
- The need to establish a mechanism that allows for designations and adjustments to the list of programs eligible for provincial funding (e.g., specialized brain injury services)

Transition Principles

To address the transition issues and ensure a smooth transition from current funding arrangements to a new funding framework, the following transition principles have been developed:

- The funding formerly provided by the Alberta Mental Health Board will continue to be provided to regional health authorities in a separate funding envelope until April 1, 2006 when the new funding framework is in place and the mental health accountability framework and its associate performance and outcome measures are operational.
- Although funding for mental health services is provided in a separate funding envelope, regional health authorities should have flexibility in how they allocate funds and provide mental health services as long as the funds allocated for mental health are spent only for mental health services.
- Current mental health expenditures provided by the regional health authorities will be monitored and reported on an annual basis until the mental health accountability framework and its associate performance and outcome measures are operational.
- Changes to the existing funding framework will be implemented in a timely manner with the recognition that existing investment in mental health infrastructure will require time to adapt and transform to a new service delivery model.
- Service access inequities will be identified and not exacerbated during the transition period.
- The interaction among the various mental health and other health funding pools (e.g., province-wide, Mental Health envelope, RHA population-based) will be monitored, analyzed, assessed for unintended consequences and outcomes and appropriate action taken.

Transition Framework And Next Steps

In order to develop a new funding framework and ensure a smooth transition process, the following key steps should be taken. The key steps in the transition process and the timelines involved are summarized in a table on page 42.

- Create a bridging or **transition fund** from new monies to allow regions to develop appropriate service alternatives prior to any planned changes to existing services. This Fund should be used to establish community and facility based alternatives, address existing service inequities and move ahead with priorities in each of the regions.

- Use the funding previously provided by the Alberta Mental Health Board to maintain existing service capacity while alternative programming is being developed.
- Conduct an in-depth clinical review of existing specialized, facility-based services to identify those services that should not be moved because community-based alternatives are not clinically appropriate, cost effective or available for the specific client/patient population.
- Establish a regional health authority provincial forum to communicate and coordinate regional programming changes, ensure appropriate notice periods and to create a clear understanding of the potential impact on other regions, within the regional performance agreements.
- Continue the work of establishing protocols for the collection and reporting of common mental health data through the Provincial Mental Health Information Management Committee and integrate with the regional health authority information systems.
- Expand the existing role of the joint Alberta Health and Wellness and regional health authority Provincial Funding Group to include the following:

  Province Wide Services Working Group – with a mandate to:
  - ○ Evaluate and make adjustments to the set of programs funded from the provincial pool based upon recommendations from the expert clinical mental health panel
  - ○ Determine the funded value of provincial services using the funding principles and fund accordingly

  Funding Methodology Working Group – with a mandate to:
  - ○ Establish provincial access criteria to ensure equitable access and establish a mechanism to monitor regional access to provincially funded programs
  - ○ Establish an inter-regional accountability mechanism for the reporting of money spent, services provided and funding flows from the various pools

  Chief Financial Officer Funding Committee – with a mandate to:
  - ○ Monitor, analyze, assess the flow and utilization of funds from the mental health funding envelope and the current RHA population-based pool to ensure a comprehensive view of total mental health spending and appropriate reporting to key stakeholders (note: This function is not a duplication of any oversight responsibility that may be assigned to another body)

A staged approach should be used to implement the necessary next steps with clearly defined criteria and target timelines for each phase.

Information Requirements

To develop and implement a new funding framework, additional information is required. The following outlines the next steps that are needed to compile the necessary information.

- Conduct an inventory of the current mental health services including expenditures, service types and volumes of services provided by regional health authorities, the Alberta Mental Health Board, physicians and non-governmental organizations, other contractors and agencies

  Timeline: Completed by September 30, 2004

  Lead role: Alberta Health and Wellness with the support of the Funding Methodology Working Group

- Develop robust, relevant, reliable mental health need-based modifiers including:
    - Age
    - Sex
    - Income level
    - Aboriginal status
    - Residency (magnet effect, etc.)
    - Risk adjustment factors (e.g., RAG)

  Timeline: Completed by November 30, 2004 Identify the notional impact of the new need-based modifiers for April 1, 2005 and implement the new funding approach April 1, 2006

  Lead role: Alberta Health and Wellness with support of Funding Methodology Working Group

- Develop an import/export pricing mechanism for mental health funding that allows for timely adjustments to the major elements including the residency of patients/clients in a manner similar to long term care, service intensity and appropriate cost weights, etc.

- Classify mental health clients/patients and apply appropriate cost weights and service intensity measures that also account for the utilization of other health services

  Timeline: Completed by November 30, 2005

  Lead role: Alberta Health and Wellness with clinical and research supports

- Project/forecast service demand taking into account major demographic factors, current and anticipated service delivery approaches and other factors that may emerge

  Timeline: Initiate immediately with preliminary results by November 30, 2005

  Lead role: Alberta Health and Wellness, Population Health with clinical and research support

- Link and integrate the mental health information and associated data sets (minimum mental health data set, MIS, etc.) to other existing and developing regional health information management systems including:
    - Ambulatory care
    - Acute inpatient care
    - Long term care
    - Existing Mental Health Board applications (e.g., ARMHIS, PCIS and third party provider data)
    - Electronic Health Record

  Timeline: Initiate immediately with preliminary results by November 30, 2005

  Lead role: Regional health authorities and the Provincial Mental Health Information Management Committee

- Measure and monitor total physician compensation for mental health services including:
    - Fee for Service
    - Sessional Payments
    - Alternative Payment Plans
    - Alternative Funding Plans
    - Primary Care Payments

  Timeline: Initiate immediately with preliminary results by November 30, 2005

  Lead role: Alberta Health and Wellness, Contracts and Physician Compensation

TRANSITION FRAMEWORK

April 1, 2004	April 1, 2005	April 1, 2006	April 1, 2007
• Move provincial mental health programs to province-wide funding approach • Determine the "funding value" or program funding amount for provincial programs • Sign off by AH&W and RHA provincial funding group • Establish Transition Fund to start the development of community alternatives • Sign off by AH&W and RHA provincial funding group • Start the study of other mental health need based modifiers and approaches including the risk assessment methodology • Initiate the development of mental health import/export mechanism • Specialized patient populations are appropriately categorized and cost weights developed • Identify the initial performance measures into the 2004/05 performance agreements	• Determine the "notional" value of the funds that would be transferred using the proposed mental health need based modifiers • Refine and confirm the viability of the mental health need based modifiers including the risk assessment methodology • Refine and confirm the viability of the mental health import/export mechanism • Receipt of RHA mental health service plans that outline how community supports including primary care and inpatient services will be enhanced to absorb the potential flow of patients back to the region • Receipt of RHA plans that outline the long-term use of existing mental health facilities • RHAs develop inter-regional service agreements • Fund the development of community alternatives from the Transition Fund • Sign off by AH&W and RHA Provincial funding group • Refine and enhance the performance measures and establish standards	• Implement the population funding approach with mental health need based modifiers and transfer the funds accordingly • Implement the mental health import/export mechanism • Fund the development of community alternatives from the Transition Fund • Assess the impact of the proposed RHA mental health service plans to determine the service implications including potential service disruptions • Provide funds from the Transition Fund to reduce service disruption due to funding transfers • Sign off by AH&W and RHA provincial funding group • Inter-regional service agreements are in place • Program and service transfers are initiated based upon the readiness of individual RHAs and their respective service plans • Refine and enhance the performance measures and establish standards	• Ongoing evaluation and refinement of the funding framework • Refine and enhance the performance measures and establish standards

What Human Resources Do We Need?

HUMAN RESOURCE STRATEGIES FOR MENTAL HEALTH

Background

The successful implementation of the Provincial Mental Health Plan depends not only on having sufficient financing resources but also on ensuring the appropriate supply, deployment, education and training of mental health professionals and workers.

The following major trends affect the design of a comprehensive mental health human resource approach:

- The current shortage of health professionals and workers applies to the supply of mental health professionals and workers as well, but it is further compounded by the perceived or real unattractiveness of working in the mental health field.
- The shift from a segregated, institution-based model to an integrated, community-based model will require different approaches for planning, educating and managing mental health human resources.
- The increasing focus on primary health care, including mental health, will require family physicians, mental health professionals and workers to be trained to work effectively in inter-disciplinary care environments. These trends will require improved linkages among regional health authorities, government and educational institutions.
- The delivery of culturally sensitive and appropriate mental health services will require changes to the ethnic and cultural composition of the mental health workforce.

Human Resource Issues and Implications

The Provincial Mental Health Plan has significant human resource implications. The following are some of the key issues and implications for human resources:

- Expanded community-based services and the need to deliver these services in a culturally appropriate manner will require:
  - Deployment of more human resources to the community level
  - Deployment of mental health workers who work simultaneously in both facility and community settings (e.g., liaison worker)
  - Development of new skill sets and roles including:
    - The ability to collaborate and work in an inter-disciplinary and primary health care environment
    - Enhanced assessment and counseling skills
  - Deployment of an appropriate number of mental health workers across the province, especially to rural areas
  - Development of new mental health positions including a generic "Mental Health Worker" with well-defined core competencies appropriate for the community mental health setting and subject to professional oversight
  - Build the capacity to develop and deploy an appropriate mix of professional and other mental health workers, for example:
    - Advanced Practice Professionals
    - Professional positions (e.g. Psychiatrists, Family Physicians, Registered Nurses, Registered Psychiatric Nurses, Psychologists)
    - Inter-disciplinary mental health positions (including, for example, Registered Nurses, Registered Psychiatric Nurses, Psychologists, Social Workers, Occupational Therapists, etc.)
    - Mental Health Support Worker positions with training in assessment, counseling, care coordination and community development

        - "Pathfinders" or navigators who can help clients and their families identify and access the array of mental health and related support services available to address their needs
    - Attraction and training of Aboriginal people to mental health jobs
    - Utilization of non-traditional healers and approaches

- Legislative and regulatory barriers and biases must be identified, addressed or eliminated including:
    - Labour relations issues related to functional bargaining units, classification structure and collective agreements
    - Restrictions on practice related to professional regulations
    - Restrictions due to classification structures, rules and processes

- Mental health workers need to be appropriately educated and trained through the development of competency profiles for each regulated profession and mental health job classification.

- Education and training environments, including the various curricula, need to be revised to appropriately reflect the new service delivery model and the skills required to effectively work in a new environment (i.e., service needs – core competencies – curricula).

- The pending impact of an aging workforce needs to be addressed through various strategies that may include succession planning and mentoring programs.

- Mental health human resource strategies need to be integrated within the framework of broader health human resource plans at the regional and provincial levels.

- Recruitment and retention efforts will fail unless mental health is seen to be a satisfying and healthy place to work.

- Family physicians need to be more effectively involved in the delivery of comprehensive, community-based mental health services and their mental health assessment and pharmacology knowledge and skills need to be enhanced. The capacity of the existing health system to meet mental health needs can be enhanced by increasing the number of family physicians, expanding their education regarding mental illness and providing them with support and access to mental health expertise, plus continuing education.

- Regional health authorities and educational institutions require enhanced structures and processes to create better dialogue, especially in the areas of:
    - Meeting current and future demands for mental health professionals and workers
    - Providing and supporting clinical placements, especially in rural environments
    - Providing educational opportunities for Aboriginal people, including the development of specific training programs to meet their unique needs
    - Developing curricula that reflect the collaborative and inter-disciplinary nature of the mental health work environment

- A substantial investment of time and money from regional health authorities, educational institutions and government(s) will be required to develop and deploy the appropriate number, type and quality of mental health human resources needed to meet the objectives of the Provincial Mental Health Plan.

Human Resource Principles

The objective of the following Human Resource Principles and associated strategies is to ensure that the ***right skills/services are delivered by the right person at the right time in a culturally appropriate manner***.

The following human resource principles should guide the implementation of the Provincial Mental Health Plan:

- Mental health human resource planning will occur within the context of health human resource plans.
- Workforce planning will be comprehensive including careful consideration of the diverse care environments (including community-based services) and the long-term human resource requirements of the mental health system.
- Alberta Health and Wellness, regional health authorities, educational institutions and Alberta Learning will work together to ensure an appropriate supply and mix of mental health staff and professionals.
- The educational and training curricula will reflect the diversity and special needs of the mental health work environment.
- Employers, staff, unions and educational institutions will work together to ensure that the mental health field is perceived by potential and existing staff as a healthy and attractive working environment.
- Mental health working environments will be supported by appropriate human resource strategies that provide for innovative and respectful approaches to the development, deployment, recruitment and retention of staff.
- The composition of the mental health workforce will reflect the cultural diversity of local communities served, including Aboriginal cultures.
- The recruitment and retention of skilled mental health staff to rural and isolated communities will be a high priority.
- Legislative and regulatory barriers will be identified, reduced and/or eliminated to ensure the appropriate development and deployment of staff to meet the needs of the clients. Professional and physician groups will have appropriate involvement in addressing workforce issues that relate to them.

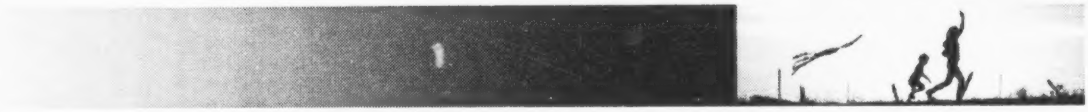
Human Resource Strategic Priorities

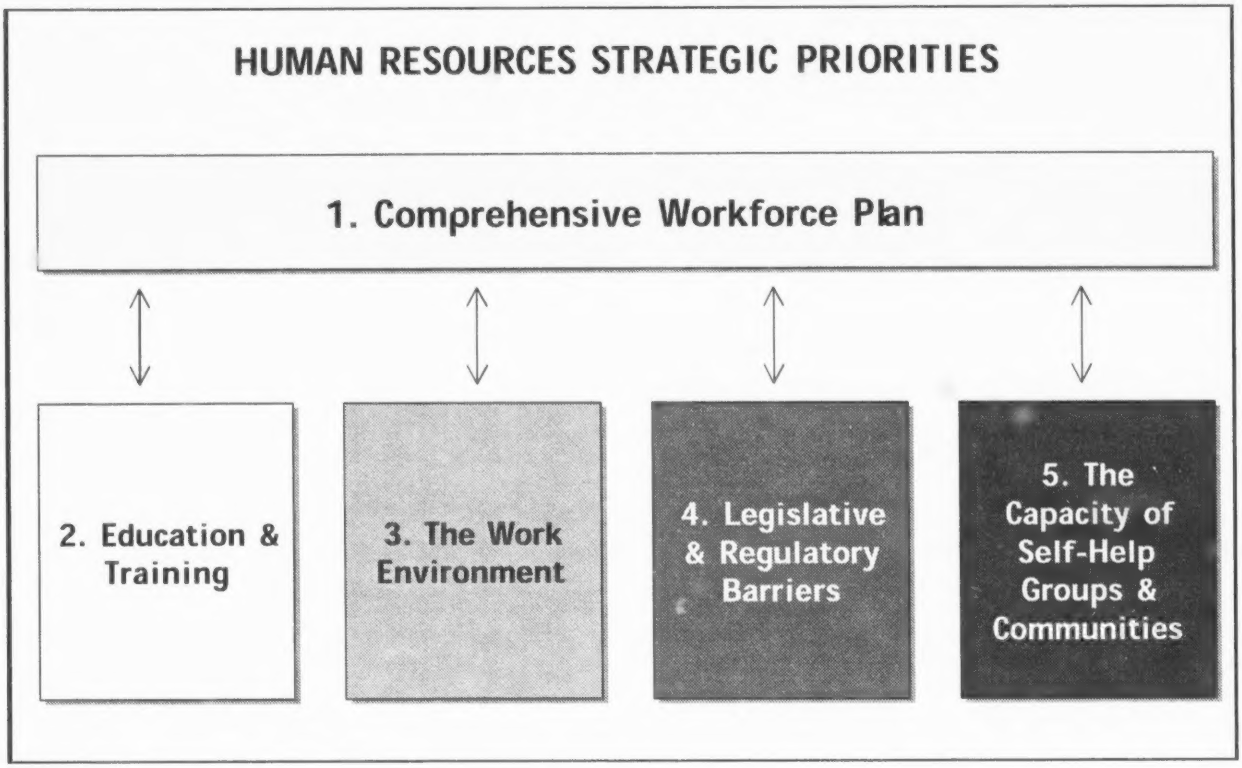
One overarching strategic priority and four enabling human resource strategic priorities have been identified.

A comprehensive workforce plan

Work needs to begin on a comprehensive workforce plan that meets the needs of mental health consumers and employers. The comprehensive plan must incorporate the following four strategic priorities:

- **Education and training** – Providing education and training of mental health professionals and workers that meets the needs of consumers/clients. These skills need to be applicable in diverse service delivery environments.
- **The work environment** – Creating and maintaining healthy, attractive and safe work environments that support the recruitment and retention of highly skilled, competent and motivated staff.
- **Legislative and regulatory barriers** – Eliminating and/or reducing legislative and regulatory barriers to effective development and deployment of mental health professionals and workers.
- **The capacity of self-help groups, families and communities** – Enhancing the capacity of self-help groups, families, volunteers and community agencies to ensure effective community-based mental health supports.





HUMAN RESOURCES STRATEGIC PRIORITIES

1. Comprehensive Workforce Plan

2. Education & Training

3. The Work Environment

4. Legislative & Regulatory Barriers

5. The Capacity of Self-Help Groups & Communities

Actions And Expected Results

Strategic Priority #1: A Comprehensive Workforce Plan

The following actions should be taken to develop a comprehensive workforce plan for the province.

- Conduct an immediate review to verify the number of mental health positions currently in the public and private components of the system, number of students by type in the pipeline and initial projections of future demand (to be completed by September 2004).
- Conduct a mental health workforce analysis to determine current and future workforce shortages and develop provincial and regional strategies to address these gaps (to be completed by March 2005).
- Conduct comprehensive regional Quality of Work Life surveys for all mental health professionals and workers to establish essential baseline data (to be completed by March 2005):
    - These surveys should be conducted utilizing standardized survey templates and methodologies to ensure reliability, utility and comparability of results
    - Each regional health authority will submit its findings and recommended solutions to the Comprehensive Health Workforce Steering Committee for review and development of a coordinated approach, where applicable
- Continuously monitor and make appropriate adjustments to the number of training positions available in order to balance the supply and demand of mental health professionals and staff.

- Develop strategies to integrate physician workforce issues into the overall workforce plan that include but are not limited to:
    - Mechanisms to adjust the number of residency allocations
    - Special license application and approval processes
    - Rural physician deployment and supports

- Establish sub-groups with inter-ministerial representation to assess the specific workforce/resource needs for specialized programs (e.g., children's services, psycho-geriatric, Aboriginal, etc.).

- Establish appropriate representation on the Comprehensive Health Workforce Steering Committee for the purpose of providing direct input on mental heath issues.

- Identify and establish permanent mechanisms to resolve differing educational priorities among regional health authorities, educational institutions and professional and regulatory bodies (to be completed by March 2005).

- Initiate programs within regional health authorities to promote local people to pursue a mental health career (e.g., bursary programs) and, specifically, develop a rural strategy for retention and recruitment.

With these actions and strategies in place, the following results are expected:

- A mental health workforce planning process is signed off by government, regional health authorities and educational institutions by September 2004.

- A mental health workforce plan is signed off by March 2005.

- Acceptable levels of staffing for mental health professionals and staff are maintained.

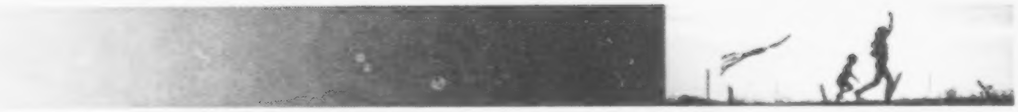
- Physician workforce issues are integrated into the planning process.

Strategic Priority #2: Education and training

The following actions should be taken to expand and enhance education and training for mental health professionals and workers.

- Create structures and processes for key stakeholders including Ministries, regional health authorities, educational institutions and professional bodies to plan and strategize in a collaborative manner regarding the number of seats, the nature of the curriculum, placement requirements, upgrading and continuing education support. Specifically:
    - Ensure that the mental health components within the existing curricula for all health professionals address stigma issues, are appropriate for new mental health service delivery models and are sensitive to the cultural diversity that exists within Alberta
    - Enhance the mental health curriculum to include appropriate assessment, counseling and case management skills
    - Establish a proactive approach to increase the number of people from diverse cultures entering mental health educational and training programs. This will require innovative approaches for attracting more Aboriginal people into the mental health field.
    - Develop mechanisms to collect and utilize the input from clients, service providers (staff) and regional health authorities to inform the curriculum development process and competency profiles
    - Identify and establish mechanisms to resolve differing educational priorities among regional health authorities, educational institutions and professional and regulatory bodies
    - Facilitate the maintenance of continuing competency through the establishment and support of continuing education programs and services for all mental health care providers

- Identify the number of training seats, residency and fellowship positions required and fund in accordance with a comprehensive health workforce plan (to be completed by March 2005).



- Establish a Mental Health Education Project Fund as defined by the comprehensive health workforce priorities to support revisions and/or updates to existing programs, competency profiles as well as new programs (e.g., Children's Mental Health Certificate at Mount Royal College).
- Develop regional or inter-regional continuing education and training programs in collaboration with training service providers including educational institutions.
- Expand the number of positions/seats in the Alberta International Medical Graduate Program and create opportunities to fully utilize the skills of new immigrants in meeting the human resource needs.

As a consequence of these actions, the following key results are expected:

- The educational, training and continuous education programs will provide the skills needed to meet client needs.
- Mental health positions will be filled by a competent and culturally diverse workforce by 2013.

Strategic Priority #3: The work environment

The following strategies and actions should be used to improve the work environment.

- Develop, implement and communicate provincial and regional strategies to address the major issues identified in the Quality of Work Life surveys.
- Establish regional mechanisms to monitor and evaluate the effectiveness of the above strategies.
- Develop specific strategies that focus on creating healthy, productive and safe working environments. Such programs may include:
    - Establishing training programs on how to assess risk and staying safe
    - Engaging mental health professionals and workers in planning and implementing the changes in their workplace
    - Establishing workplace wellness programs
    - Establishing mental health continuing education and professional development programs
- Develop strategies to ensure the consumers and clients are served in friendly and caring manner.
- Develop provincial and regional recruitment, retention and succession strategies specific to mental health and rural practice.

The following key results are expected from these actions:

- Acceptable recruitment and retention rates will be achieved for mental health professionals and workers.
- Mental health will be perceived by internal and external candidates as a program of choice.
- Mental health workers will express high levels of satisfaction with working conditions and the services that they provide.
- Mental health consumers and clients will express satisfaction with how they are treated by service providers.

Strategic Priority #4: Legislative and regulatory barriers

The following actions should be taken to identify, reduce and/or eliminate legislative and regulatory barriers.

- Develop a comprehensive list of existing legislative, regulatory and collective bargaining barriers, taking into account the new integrated service delivery models.
- Develop a multi-level strategy (inter-ministerial, ministerial, provincial and regional) to address each major barrier, where required.

- Design and initiate an application to the Health Professions Advisory Board (HPAB) to facilitate the introduction of new categories of mental health jobs.
- Establish and implement mechanisms to streamline and reduce the barriers to the licensing of appropriately qualified individuals.
- Establish a structure or mechanism under the auspices of either the Comprehensive Health Workforce Steering Committee or the Human Resource Leaders Committee to coordinate and monitor this initiative.

As a result of these actions:

- The mental health workforce will be deployed in a manner that meets the requirements of an integrated service delivery model and the needs of the client/consumer.
- New mental health classifications/positions will be developed (for example, Mental Health Worker).
- The five most important barriers will be addressed by 2006.

Strategic Priority #5: The capacity of self-help groups, families and communities

The following actions should be taken to expand the capacity of self-help groups, families, volunteers and communities.

- Conduct an inventory to determine what self-help groups, families and community-based services are currently being provided in each region (to be completed by March 2005).
- Identify the major gaps in each community and ascertain, in conjunction with regional health authorities, what role self-help groups, volunteers and community organizations should perform in filling these gaps (to be completed by March 2005).
- Establish a Community Development Fund to promote the development of self-help, volunteer and community programs.
- Establish community development positions to enhance the capacity of local groups and communities.
- Provide basic educational and training modules including "How to Stay Safe" programs for self-help groups, volunteers and communities.
- Develop and implement tools to measure and monitor the capacity of each community to support the mentally ill and consumer/client satisfaction with those supports.

As a result of these actions:

- The percentage of community-based services and/or supports provided by self-help groups, families and communities will increase over the next five years.
- Self-help groups, families, volunteers and communities will experience improvement in their capacity to provide service and support.
- Consumers and clients will realize an increase in the communities' capacity to support their needs.

How Do We Advance Mental Health?

INFORMING LEADING PRACTICE THROUGH RESEARCH

Background

Innovation and continuous improvement in the outcomes achieved for people with mental illnesses should be a hallmark of Alberta's mental health system. Research is integral to that goal, to the vision described in this plan, and to the future of mental health services in the province. For the purposes of this plan, research is broadly defined to include the processes involved in finding, choosing, using and producing evidence to support both clinical and managerial decision making related to mental health services.

To sustain excellence and advance leading practice, the health system needs to foster and support a pervasive continuous learning mindset that:

- Enables decision-makers to access and/or choose applicable evidence on a timely basis
- Inspires, informs and supports leading practice
- Enables high quality collaborative research, involving service providers, to address regional research priorities

Research plays a number of critical roles in the planning, development and operation of the mental health system including the following:

- Informing mental health priorities, policy and service plans through the "four pillars" of research:
    - *Population* – Population mental health research, including mental health surveillance
    - *Health Services* – Research related to mental health service delivery, systems and associated economics
    - *Clinical* – Research related to comprehensive clinical practice
    - *Basic* – Research related to scientific and bio-medical issues in mental health
- Improving system-wide management of research and evaluation
- Providing the evidence necessary to establish and implement priorities for innovation

Developing Mental Health Research Capacity

Actions are needed to build a strong mental health research capacity both at the regional level and in academic institutions.

Building research capacity in regions

Regional health authorities have primary responsibility for integrating research into their plans and their delivery of services, but they currently have limited capacity, expertise and access to specialized resources to fully integrate research into their ongoing operations. As a result, enhancing the regional mental health research capacity is an important priority of the Provincial Mental Health Plan.

While not all regions are expected to develop the full capacity to directly undertake a wide range of research, all regions should have the ability to produce and evaluate appropriate information about their own programs and services and well as participating in selected research initiatives. Health regions should be expected to develop specific research-related initiatives that focus on continuous improvement as well as the continuing education and professional development of service providers. The Alberta Mental Health Board also has a role in conducting research in areas consistent with its mandate.

To expand the research capacity within regional health authorities, steps should be taken to:

- Develop collaborative relationships and processes among regional health authorities and the mental health research community to provide regional health authorities with access to specialized research expertise for:
    - Planning and setting priorities related to regional mental health research
    - Developing and managing regional and inter-regional mental health research projects
    - Providing expert support for evidence-based mental health decision making by managers and service providers

  - Developing the capacity to involve community partners in mental health research
  - Developing skills and the capacity to transfer knowledge between managers and mental health providers at the regional level and those involved in mental health research

- Develop organizational capacity including:
  - Providing dedicated funding and advisory support for regional planning and capacity building related to mental health research
  - Training regional management and service providers in mental health research and knowledge transfer
  - Recruiting regional mental health research specialists, if economically feasible

- Provide access to the necessary infrastructure, including electronic access to research resources such as the university libraries for all mental health service providers
- Provide access to dedicated funding for applied research projects to address regional priorities

Building capacity within academic institutions

Enhancing regional mental health research capacity means that health regions need ready access to the expertise available from the research community within Alberta's universities. To facilitate this access and develop responsive relationships, changes are needed not only in regional health authorities but also in the research community. Priority areas include:

- Facilitating collaborative research
- Training the research community in fields such as community-based research, research synthesis, research dissemination and translational research
- Developing the capacity of researchers to provide evidence and rapid responses to requests from regions and to provide timely support for managerial decision-making and service planning
- Promoting and developing an applied research culture to encourage more academic participation with regional health authorities in integrated, holistic mental health research
- Planning and developing human resource initiatives to ensure the future supply of mental health research professionals

Developing Collaborative Partnerships

Effective partnerships are essential to further both mental health research and the use of research to guide decisions and leading practices. Partnerships enable researchers, policy-makers, managers, clinicians, consumers and their families to collaborate in research priority-setting, planning and implementation related to complex mental health issues.

A web of overlapping networks is required to optimize the effectiveness of mental health research. Key linkages need to be in place including: the regional health authorities and the providers working within them; academia; consumers; communities; research funding partners; the provincial, national and international research community; Alberta Health and Wellness; other ministries; and other levels of government.

Opportunities should be developed to expand the number and scope of collaborative partnerships. For example, the submission of a joint "Mental Health Research Program Proposal" (October 28, 2003) by the Universities of Alberta and Calgary presents a potential opportunity to engage academia in planning cooperative and collaborative partnerships for implementation of the Provincial Mental Health Plan.

A high priority should be placed on research related to the mental health and service needs and specific issues of Aboriginal communities. Partnership opportunities with Aboriginal communities should be explored and developed. Research related to Aboriginal mental health should reflect and accommodate the Aboriginal linguistic and historical legacy, cultural protocols, ethics, beliefs and knowledge. Priority should also be placed on involving more Aboriginal people in research, evaluation and planning related to the design and delivery of Aboriginal mental health services.

Investing In Mental Health Research

Prior to 1995, dedicated funding was provided for mental health research in the province. Since then, funding for mental health research has been combined with funding for other types of health research in the province. As a result:

- There has been a loss of strategic focus on mental health research in Alberta.
- The allocation of funding for mental health research is not necessarily aligned with the priorities of either the public or the mental health system because those who make research funding decisions are not accountable to the mental health system.
- Opportunities to leverage matching funds from research partners have diminished.
- The volume of Alberta-based and provincially funded mental health research has decreased.
- The provincial human resource capacity for mental health research has been eroded.

A critical mass of research activity is required to advance and inform mental health policies and services. Funding for mental health research needs to be increased, sustained, dedicated and targeted to enable Alberta to be a leader in mental health research by attracting, developing and retaining mental health research professionals.

A dedicated, protected and peer-reviewed mental health research fund would have a number of important benefits.

- An Alberta mental health research fund will enable Alberta to become an internationally recognized centre of excellence for mental health research.
- A dedicated research fund will serve as the base for leveraging supplementary resources from funding partners.
- Dedicated funding with enable to mental health system to identify priorities and provide research resources to match those priorities.
- The fund can contribute to the development of research capacity at the provincial and regional levels as well as expand the capacity for mental health surveillance.
- An enhanced public profile for mental health research will help counter the stigma associated with mental illness.

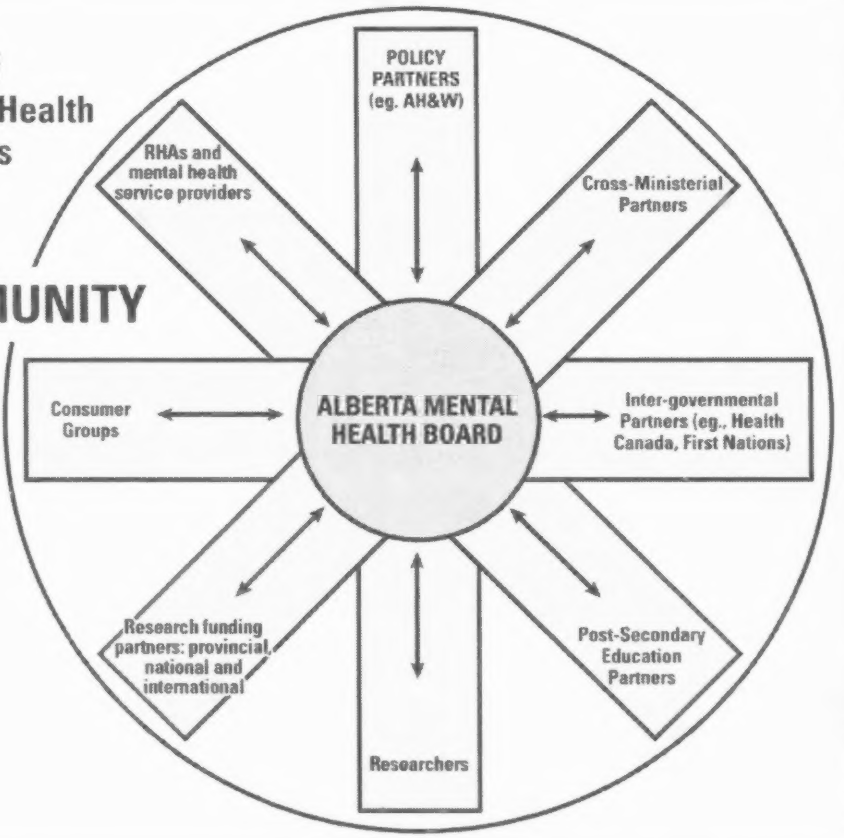
Specific plans for a dedicated research fund should be developed and should address a number of specific issues including how regions would be able to access research funds to address regional priorities, how projects would be selected and how the fund would be managed and administered on an ongoing basis. The need for ethics review panels outside of the two major centres of Edmonton and Calgary should also be addressed.

Developing A Provincial Mental Health Research Plan

The Alberta Mental Health Board should be responsible for initiating and coordinating the development of a Mental Health Research Plan in collaboration with consumer representatives, providers, regional health authorities, Alberta Health and Wellness and academic institutions. The plan should support and encourage ongoing innovation in mental health services and focus on how to facilitate and support research on an ongoing basis across the province. It should also ensure an appropriate balance among the four pillars of research: population-based research, health services research, clinical research and basic research.

The research plan should include priorities, strategies and performance targets to address a number of key areas including: capacity building for research, population mental health surveillance, requirements for ongoing mental health research, effective dissemination of research results and research support for innovation in service delivery. The Mental Health Research Plan should also identify the level of investment required for implementation and provide a supporting business case.

Integrating the Required Networks of Collaborative Mental Health Research Partnerships


COMMUNITY
POLICY PARTNERS (eg. AH&W)
RHAs and mental health service providers
Cross-Ministerial Partners
Consumer Groups
ALBERTA MENTAL HEALTH BOARD
Inter-governmental Partners (eg., Health Canada, First Nations)
Research funding partners: provincial, national and international
Post-Secondary Education Partners
Researchers

As part of a provincial Mental Health Research Plan, the Alberta Mental Health Board should initiate, coordinate and facilitate multi-stakeholder collaboration to address the following specific priorities:

- Engaging the academic community in developing cooperative and collaborative partnerships
- Developing and maintaining a network of research funding partnerships with external funding sources
- Including the research community, the Provincial Mental Health Information Management Committee, regional health authorities and Alberta Health and Wellness in identifying the health system information management infrastructure required to support the implementation of mental health research priorities
- Developing collaborative research and evaluation partnerships with other ministries and governments involved in cross-ministerial and inter-governmental mental health initiatives
- Reporting periodically on progress in implementation of the Mental Health Research Plan

How Do We Assess And Improve?

ACCOUNTABILITY, EVALUATION AND PERFORMANCE MEASURES

One of the key components of this Provincial Mental Health Plan is the capacity to continually assess and improve outcomes, especially for consumers and their families. This commitment to continuous improvement begins with clear accountability – knowing who is responsible and how they are held accountable for outcomes in mental health – then providing the right tools to evaluate outcomes and measure performance.

Accountability

Earlier in this provincial plan, roles and responsibilities for the various partners in mental health were outlined. This section builds on those responsibilities and underscores the importance of accountability in moving forward with a provincial plan for mental health.

The Accountability Framework

Alberta Health and Wellness defines accountability as "the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities" (Alberta Health and Wellness, Achieving Accountability in Alberta's Health System, 2001). An accountability framework defines the scope of authorized roles, responsibilities and reporting relationships. The accountability framework for mental health should be consistent with the provincial Health Accountability Framework.

Clear and consistent roles and responsibilities must be defined, communicated and accepted at all levels of the mental health system. The accountability framework must be clearly defined and communicated. In particular, mental health workers need to know and accept who they are accountable to, for what and through what mechanisms.

The accountability framework for mental health is expected to evolve through several phases over the next three to five years. The current mental health accountability framework was established on an interim basis through the transition year of 2003-04. Over the next few years, achieving progress will depend on:

- Developing the required capacity of the system to fulfill performance expectations
- Establishing effective inter-ministerial working partnerships to integrate and coordinate mental health services
- Developing and rolling out successive phases of the performance measurement system

Alberta Health and Wellness

As noted earlier in this plan, Alberta Health and Wellness has overall responsibility for legislation, policy direction and financial decisions regarding all aspects of the health system including mental health. The Ministry delegates primary responsibility for the delivery of mental health services to regional health authorities and it ensures accountability of regional health authorities and the Alberta Mental Health Board by monitoring performance and progress in implementing the Provincial Mental Health Plan. Performance agreements between the Ministry and regional health authorities and the Alberta Mental Health Board are an important vehicle for monitoring outcomes and ensuring accountability. The Ministry also is responsible for province-wide agreements with other Ministries and other governments. As outlined in the provincial Health Accountability Framework, the Minister and the Ministry are accountable to the Legislative Assembly and the people of Alberta.

Regional Health Authorities

Regional health authorities are responsible for delivering the vast majority of mental health services in the province. They are accountable to the Minister, through their Chairs and Boards, for fulfilling their delegated roles. Performance agreements between the Minister and the regional health authorities should be the primary mechanism for defining the respective obligations of the regional health authority and the Minister, as well as specifying reporting requirements and issues resolution mechanisms.

Regional health authorities should be accountable for ensuring that their residents have reasonable and appropriate access to a wide range of mental health services delivered directly within their regions or indirectly through inter-regional agreements or service contracts with other health care services providers.

As part of an accountability framework for mental health, each regional health authority should maintain a multi-year mental health plan within the context of its business plan. The regional Mental Health Plan should:

- Adhere to the principles of the Provincial Mental Health Plan
- Identify feasible regional strategies to achieve the vision of the Provincial Mental Health Plan as well as to address regional priorities within available resources
- Identify and describe the terms of regional health authority participation in inter-regional delivery strategies
- Specify performance targets and expectations to provide a basis for measuring and monitoring of progress in achieving the provincial mental health vision

As part of its management and delivery of mental health services, regional health authorities should be expected to involve consumers and stakeholders in both planning services and monitoring performance. Regional health authorities should also be expected to ensure reasonable access to services, maintain quality, encourage innovation, support research, share knowledge with other regions and ensure that consumers are well informed on how to access mental health services and supports in their region.

Alberta Mental Health Board

While responsibility for delivery of mental health services rests primarily with regional health authorities, a small number of provincial level functions are necessary for effective functioning of the mental health system and the advancement of province-wide initiatives and priorities. These functions and supports require a dedicated, ongoing capacity to facilitate effective collaboration among regional health authorities, Alberta Health and Wellness and other key stakeholders. As noted earlier in this plan, responsibility for provincial-level collaboration, coordination and support should rest with the Alberta Mental Health Board.

In terms of accountability for the Alberta Mental Health Board, the performance agreement between the Minister and the Alberta Mental Health Board is the primary mechanism for accountability with respect to delegated responsibility for provincial level functions and supports.

The Alberta Mental Health Board should maintain a multi-year business plan that is consistent with the direction of the Provincial Mental Health Plan, identifies strategies for fulfilling its roles in relation to the Provincial Mental Health Plan and specifies performance expectations as the basis for measuring and monitoring progress in achieving the vision set out in the Provincial plan.

Key stakeholders should be involved in setting priorities and developing plans. The nine regional health authorities and other stakeholders such as consumers and other ministries should be involved as appropriate.

Specific service standard targets should also be included in the Alberta Mental Health Board's business plan. That should include:

- Ensuring province-wide access to its services as outlined earlier in this plan
- Ensuring that regional health authorities, Alberta Health and Wellness and other stakeholders are well informed about how to access support services from the Alberta Mental Health Board
- Assuming a primary role for encouraging innovation in mental health services across the province

In areas where the Alberta Mental Health Board has specific province-wide responsibilities (e.g. forensic services and selected province-wide prevention and promotion initiatives) funding should be provided for planning, coordination, evaluation and support for innovation.

Accountability for inter-governmental initiatives, inter-relationships and inter-dependencies

A range of services that are the primary mandate of other government ministries and agencies have significant impacts on mental health service delivery in the province. That includes direct mental health treatment and support services as well as more basic services that affect the determinants of mental health. Specific examples include: supportive housing, group homes, alcohol and drug abuse programs, forensic services, child protection services, services for people with developmental disabilities, educational services, employment services, family support services, income support, etc.

A well-coordinated network of organizations should be in place to provide, or arrange to provide, the full scope of mental health services to Albertans. While Alberta Health and Wellness is the only provincial ministry with a clear mandate to address mental health, other ministries and governments clearly have an important role to play.

Coordination and integrated planning are required across ministries and across governments to provide for seamless service delivery and to avoid or reduce duplication of services, services operating at cross-purposes and service gaps. Focusing too heavily on narrowly defining program mandates, boundaries and eligibility requirements rather than focusing on the client and the service he or she needs, creates barriers to access.

To ensure better coordination and accountability, Alberta Health and Wellness, working with the Alberta Mental Health Board, should be responsible for concluding agreements with other ministries and other governments for cross-ministerial and inter-governmental health service initiatives. In addition:

- Alberta Health and Wellness should provide other ministries that deliver related services with a "mental health policy checklist" to assist them in identifying mental health components.
- Cross-ministry and inter-governmental initiatives should provide for:
    - Coordination at the Ministerial level
    - Cross-ministry and inter-governmental agreements regarding the scope of shared responsibility, mechanisms for integrated service planning and delivery and information-sharing
    - Clear definition of mechanisms for shared accountability
    - An integrated performance measurement framework
    - Regional flexibility in inter-ministerial service delivery and administration
- Plans for inter-ministerial and inter-governmental initiatives should be integrated with regional health authority mental health plans.
- Legislative changes that affect the delivery of mental health services should be done in consultation with Alberta Health and Wellness, regional health authorities, the Alberta Mental Health Board and other affected Ministries.

Involvement of other entities in the accountability framework

A number of entities, committees and panels are currently involved in the health accountability framework and some of their roles are prescribed in legislation. The implications of the Provincial Mental Health Plan for the future accountability roles and responsibilities of these various entities should be assessed to ensure that they are consistent with the overall direction set in the Plan.

Evaluation

Evaluation is one of the key ways of assessing and improving outcomes in mental health and ensuring accountability. Specifically, evaluation is essential to achieve and sustain:

- A "self-evaluative culture" that strives for excellence
- System change through a continuous improvement cycle
- System-driven research, applied to practical problems in mental health, service delivery and mental health research

Methodologically sound evaluation design, implementation and dissemination should be integral to the service planning process. Regional health authorities are responsible for planning and evaluating mental health services and require more capacity for outcome measurement and evaluation as the basis for implementing leading practices.

Priorities for enhancing the evaluation capacity to support the Provincial Mental Health Plan should include:

- Research into the development and/or effective implementation of evaluation tools, systems and standards
- Collaboration in evaluation
- Regional access to expertise in evaluation methodology and design
- Increased capacity for sharing the outcomes of evaluations

Population Mental Health Surveillance And Performance Measurement

Both population mental health surveillance and performance measurement are essential to measure progress in achieving the vision set out in this Provincial Mental Health Plan.

Population mental health surveillance involves the ongoing, systematic collection, analysis and interpretation of health data that is provided to managers and services providers on a timely basis. Population mental health surveillance is required to support effective planning, implementation and evaluation of mental health services. Primary responsibility for population mental health surveillance rests with Alberta Health and Wellness.

Performance measurement provides the information required to assess progress in achieving desired results as set out in goals, standards, targets, benchmarks or guidelines reflected in provincial and regional mental health plans.

Identifying performance measures

Consistent with the priority areas for enhancing and improving mental health services across the province, the following key performance measures have been identified on an initial basis.

- **Acceptability:** Services provided meet the expectations of clients, the community, providers and government

  Performance measures:
  - Levels of consumer and family satisfaction with the services received
  - Levels of provider satisfaction with the quality of services being delivered
  - Level of consumer, family and mental health workers involvement in service planning, delivery and treatment decisions
  - Numbers of formal complaints and appeals as a percentage of the total number of clients receiving mental health services

- **Accessibility:** Ability of the client and/or community to obtain required services at the right place and time

  Performance measures:
  - Percentage of clients who are able to access required services within acceptable timeframes (i.e., acceptable wait times will vary depending on the nature of the intervention/service required)
  - Geographic distribution of service centers throughout the province where residents can access basic mental health services
  - Ability of residents with serious and complex mental illnesses to access specialized mental health services and facilities, regardless of their place of residence in the province
  - Levels of consumer and family satisfaction with access to mental health services
  - Levels of provider satisfaction with access to mental health services
  - Availability of mechanisms and structures to remove barriers to service access (e.g., transportation, financial, etc.)

- **Appropriateness:** Services meet the needs of the client, the community and/or the population group; achieve the organization's goals; are proven (evidence based) to produce benefits; and are based upon established standards

  Performance measures:
  - Level of adherence to clinical practice guidelines and standards for core and specialized services
  - Level of client, family and service provider satisfaction with appropriateness of service and outcomes achieved
  - Availability and effectiveness of services targeted to the unique needs of vulnerable population groups (e.g., diverse ethnic/cultural groups, the homeless, concurrent diagnosis including addictions, etc.)
  - Number of in-patient days where a physician or designated service provider has indicated that a patient occupying an acute care hospital bed was well enough to be cared for elsewhere
  - Evidence that the service provided and the setting in which it is provided are appropriate to the needs of individual clients
  - Evidence of an appropriate balance between community-based and facility-based services

- **Effectiveness:** Services, interventions or actions achieve the optimal results.

  Performance measures:
  - Proportion of the population or population groups who have a high sense of self-worth and mastery, based upon standard scales for these measures
  - Measures of the quality of client functionality
  - Morbidity rates
  - Mortality rates, including suicide rates
  - Re-lapse and re-admission rates
  - Levels of re-integration into the workforce and the community
  - Levels of criminal justice involvement
  - Levels of client involvement in services and activities to reduce isolation
  - Levels of public confidence that the system is working well
  - Quality of life indicators – adequate housing, employment, income levels, access to required community supports

- **Efficiency:** Resources (inputs) are brought together to achieve optimal results (outcomes) with minimal waste, re-work and effort.

  Performance measures:
  - Mental health spending per capita
  - Unit cost and cost per client
  - Cost per bed day
  - Evidence that resource allocations are matched appropriately to identified needs and priorities
  - Evidence that the right staff are delivering the right services in the right locations

- **Service Continuity**: Clients and their families have access to a range of coordinated mental health services that are responsive to their needs over time.

  Performance measures:
  - Levels of utilization of integrated approaches to individualized care planning and service delivery (e.g., Assertive Community Treatment, Primary Health Care Networks, etc.)
  - Documentation of effective discharging planning
  - Evidence of effective follow-up with clients and families
  - Evidence of clear "paths of access" to required mental health services and supports for clients and their families

- **Safety:** Potential risks and/or unintended results are avoided or minimized.

  Performance measures:
  - Number of critical incidents or adverse events (e.g., medication errors, medication side effects, complications associated with electro-convulsive therapy, etc.)
  - Suicide and homicide rates
  - Safe training and competency levels of staff
  - Number of people with mental health problems who are incarcerated
  - Number of people in diversion programs

Developing a minimum data set for mental health

A comprehensive mental health performance measurement system is not currently in place to allow consistent information to be collected about all the performance measures noted above. The lack of consistent measures and information has serious consequences. Full accountability cannot be achieved until it is possible to monitor mental health expenditures and services with standardized and relevant data. Without a consistent information system, integrated with regional health authority information systems, there is the potential for duplication of information management systems and the lack of timely, consistent information. At the same time, the development and operation of a framework of consistent indicators must accommodate several constraints, including the diversity of health regions and limited funds.

Clearly, a comprehensive system of definition, measurement, monitoring, reporting and assessment of both population mental health status and performance expectations of the mental health system (i.e., goals, targets, standards, guidelines and benchmarks) is required. Ideally, the indicator framework should be related to a simple and clearly defined scope of desired outcomes.

Implementation of mental health reporting requirements should be a priority for implementation of this Provincial Mental Health Plan. A Minimum Data Set should be identified reflecting the range of mental health services provided in communities or hospitals and by physicians, funded service providers and allied mental health care professionals. The Minimum Data Set should be:

- Collected in all regions and by all providers
- Part of the Alberta Health and Wellness corporate data set
- Provided to service providers for their use in planning and evaluating mental health outcomes and priorities

In addition to identifying the minimum data set, the necessary informational and technical infrastructure must be in place. That includes:

- The expertise required to design and implement the performance measurement system
- A common Minimum Data Set, database and language for information management
- Development of tools to measure and monitor performance
- Clear definition of associated roles, responsibilities, communications linkages and coordinating mechanisms
- Strategies to create the flexibility required to accommodate the diversity of service delivery environments
- Documentation, training and technology to support measurement and reporting by service providers

The following multi-year strategy should be used to develop the required framework of indicators for mental health:

- One or two measures should be selected from each quality dimension using a balanced score approach. The measures should be clearly defined to ensure consistent reporting and the measure should be incorporated into the performance agreements.
- Measures that are outcome-based and can be used for inter-regional, provincial and inter-provincial comparison or benchmarking should be selected.
- A phased approach should be used to implement the performance measures, develop the supporting infrastructure and develop targets that are goal-oriented.
- Potential measures should be assessed for reliability, relevance and cost and ease of collection.
- Measures should be developed to monitor and assess the appropriateness of mental health pharmaceutical care.

The Alberta Mental Health Board should be responsible for coordinating a process that brings together representatives from Alberta Health and Wellness, regional health authorities, academic institutions, service providers and consumers to develop and recommend performance standards and related measures for selected mental health services.

The Provincial Mental Health Information Management Committee is currently being used to facilitate collaboration and ensure integration of mental health information requirements into the regional health authority and Alberta Health and Wellness information systems. This committee should continue its work on strategies and protocols for development of the required framework of indicators for mental health. The following key stakeholders should be involved in this work:

- The Health Surveillance Branch of Alberta Health and Wellness, to capitalize on the availability of its legislated authority, data access and established infrastructure
- The academic mental health research community
- Inter-ministerial and inter-governmental linkages and working relationships required to enable effective information-sharing (e.g., with Aboriginal communities)

The Minister and Alberta Health and Wellness may also identify a future role for the Health Services Utilization and Outcomes Commission.

Advancing The Mental Health Agenda

IMPLEMENTATION PRIORITIES

This Provincial Mental Health Plan is the result of the extensive efforts and active participation of a wide range of people and organizations involved in mental health. As noted at the outset, there is a clear sense of urgency and the need to get on with changes to expand and improve access to mental health services across the province.

It's fair to say that change cannot happen overnight. It will take time to implement many of the strategies and actions outlined in this provincial plan. But the key is to start now ... to identify key priorities at all levels and to set plans in motion.

Clearly, the needs vary across the province. Some regions will have important service gaps they need to address for children, Aboriginal people or seniors. Others will see the need to expand community-based programs, crisis teams, or rehabilitation programs for people who leave acute care. There are, however, a number of key priorities that cut across all regions and stakeholders and offer the best opportunities for immediate action and the best potential for considerable improvements in services and supports for people with mental illnesses.

On a priority basis, action should be taken in the following key areas.

- **Develop regional mental health plans**

  Within the scope of this provincial plan, regional health authorities should begin work immediately on identifying priorities, service gaps and regional mental health plans.

- **Increase the capacity to deliver mental health services and address critical gaps**

  There is little doubt that the number one priority must be increasing capacity, addressing gaps in services and improving access to essential mental health services. Major gains in improving access and expanding services will depend on the availability of resources but regional health authorities should begin immediately to identify resource needs and actions they can take without additional funds.

- **Establish a transition fund**

  To begin implementation of the new directions set in this provincial policy and to build a bridge from old funding models to a new funding framework, a transition fund is essential.

- **Develop a new funding methodology for mental health**

  A new funding formula, specific to mental health needs and priorities, will take time to develop. Work should begin immediately on developing a new population-based funding formula for mental health, including appropriate mental health need-based modifiers.

- **Take steps to further clarify the roles, responsibilities and working relationships among regional health authorities and the Alberta Mental Health Board**

  This Plan envisions new roles and relationships between regional health authorities and the Alberta Mental Health Board. As a first step in this process, the Alberta Mental Health Board and regional health authorities should work together to further clarify their respective roles and responsibilities, to build positive working relationships and trust at every level in the system, and to advance mental health as outlined in this Plan.

- **Take action on key inter-ministerial priorities**

  Although responsibility for these areas extends beyond the health care system, a number of critical areas have a direct impact on mental health services and supports. In particular, action should be taken to:
  - Follow through on initiatives related to children's mental health.
  - Take a proactive and coordinated approach to address a broad range of housing needs from affordable housing in the community to safe and supportive housing for people with mental illnesses.
  - Explore ways of ensuring that people with mental illnesses who are unable to work have an adequate income to pay for the basic necessities of life.
  - Make coordinated and concerted efforts to address issues related to Aboriginal health in general and Aboriginal mental health issues in particular.

- **Expand public education and awareness with the public and within health regions to address the stigma associated with mental health**

  This is not a short term strategy. In the longer term, significant improvements in services and outcomes for people with mental illness will not be achieved unless the stigma of mental illness can be reduced or eliminated. Efforts should be directed not only to the general public but also within health regions where important steps can be taken to improve the way people with mental illness are treated in the health system.

- **Take immediate action to establish a province-wide suicide prevention strategy**

  Suicide is a serious problem in Alberta and work should begin immediately on a province-wide suicide prevention strategy targeted at the general population, school aged children and vulnerable populations, especially Aboriginal youth.

- **Develop a comprehensive mental health workforce plan**

  To address the serious shortage in mental health care professionals and workers, work should begin immediately on a comprehensive workforce plan designed to ensure adequate staffing for the future.

- **Initiate the development of a mental health research plan**

  This Provincial Mental Health Plan highlights the critical role of research in improving outcomes and services in mental health. The Alberta Mental Health Board should begin a collaborative process to develop a comprehensive mental health research plan along with plans for establishing a dedicated fund for mental health research.

- **Identify critical information requirements and performance measures**

  To assess progress in implementing this Provincial Mental Health Plan and to measure performance and outcomes on an ongoing basis, considerable work is needed to identify critical information requirements and a minimum data set for mental health.

- **Develop more detailed plans for implementing the Mental Health Plan and monitoring progress**

  While this Plan sets the overall direction, the next step is to develop implementation plans and priorities and to monitor and report on progress in implementing the Plan over time. The Alberta Mental Health Board, in partnership with the regional health authorities, and in collaboration with Alberta Health and Wellness and other key stakeholders, should initiate and facilitate the development of an approach for advancing mental health within the context of the Provincial Mental Health Plan. Within three years, progress on implementing the Plan should be assessed and changes to the Plan should be made as necessary.

Each of these priorities is vitally important and will not only address pressing problems today but also set the stage for ongoing improvements in services and supports for people with mental illness.

On an ongoing basis, progress in implementing the key directions and priorities of this provincial plan should be assessed by all stakeholders involved and accountable for mental health including Alberta Health and Wellness, regional health authorities, the Alberta Mental Health Board, physicians and mental health care providers and others involved in mental health in the province.

Developing a Provincial Mental Health Plan sets the course for the future and outlines, in broad terms, what needs to be done. Now the challenge is to follow through, to implement the key directions, address gaps in services and turn the promise of this plan into concerted and deliberate actions across the province. People with mental illnesses and their families deserve nothing less.

APPENDIX 1:

Participants in the Provincial Mental Health Planning Project

WORKING GROUPS

Accountability Management Working Group Members

- Chinook Health Region
- Palliser Health Region
- Calgary Health Region
- David Thompson Health Region
- East Central Health
- Capital Health
- Aspen Regional Health Authority
- Peace Country Health
- Northern Lights Health Region
- Alberta Mental Health Board
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health & Wellness
- Western Management Consultants

Funding & Information Management Working Group Members

- Chinook Health Region
- Palliser Health Region
- Calgary Health Region
- David Thompson Health Region
- East Central Health
- Capital Health
- Aspen Regional Health Authority
- Peace Country Health
- Northern Lights Health Region
- Alberta Mental Health Board
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health & Wellness
- Western Management Consultants

Human Resources Working Group Members

- Chinook Health Region
- Calgary Health Region
- Alberta Hospital Ponoka
- East Central Health
- Capital Health
- Peace Country Health
- Alberta Mental Health Board
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health & Wellness
- Red Deer College
- University of Calgary
- University of Alberta
- Alberta Hospital Edmonton
- Western Management Consultants

Research & Evaluation Working Group Members

- Palliser Health Region
- Calgary Health Region
- David Thompson Health Region
- East Central Health
- Capital Health
- Alberta Mental Health Board
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health & Wellness
- University of Alberta
- Western Management Consultants

Service Plan Working Group Members

- Chinook Health Region
- Palliser Health Region
- Calgary Health Region
- Alberta Hospital Ponoka
- East Central Health
- Capital Health
- Aspen Regional Health Authority
- Peace Country Health
- Northern Lights Health Region
- Alberta Mental Health Board
- Alberta Alliance on Mental Illness and Mental Health
- Alberta Health & Wellness
- Alberta Justice and Attorney General
- Alberta Solicitor General
- Alberta Children's Services
- Alberta Learning
- Alberta Human Resources and Employment
- Alberta Aboriginal Affairs and Northern Development
- Alberta Seniors
- Alberta Community Development
- Alberta Alcohol and Drug Abuse Commission
- Alberta College of School Superintendents
- Western Management Consultants

FOCUS GROUPS

- Alberta Alliance on Mental Illness and Mental Health
  - Psychologists' Association of Alberta
  - Alberta Community Development
  - Alberta College of Social Workers
  - Alberta Mental Health Self-Help Network
  - Alberta Association for Community Living
  - Edmonton City Centre Church Corporation
  - Alberta Association of Marriage and Family Therapy
  - CASA
  - Boyle Street Co-op
  - Alberta Association of Registered Occupational Therapists
  - Schizophrenia Society of Alberta
  - Canadian Mental Health Association, Alberta Division
  - Alberta Alliance on Mental Illness & Mental Health

- The current and former Chairs of the Regional Mental Health Advisory Committees
  - David Thompson Regional Health Authority
  - Calgary Health Region
  - Palliser Health Region
  - Chinook Regional Health Authority
  - East Central Health
  - Aspen Regional Health Authority

- Aboriginal Wisdom Committee

- Aboriginal Focus Groups
  - David Thompson Regional Health Authority
  - Brain Injury Rehabilitation Program, Community Geographic Team, DTHR
  - Mental Health Diploma Program, Grant MacEwan College
  - Alexander Health Services
  - White Swan Treatment Centres
  - Driftpile NNADAP Program
  - First Nations and Inuit Health Branch
  - Amiskwaciy Academy
  - Aboriginal Wisdom Committee
  - Aspen Regional Health Authority
  - Hobbema Indian Health Services
  - Mental Health Centre, Wetaskiwin
  - BFI, Sunchild
  - Alberta Hospital Ponoka
  - Louis Bull Tribe
  - Yellowhead Tribal Council
  - Edmonton Public Schools
  - Alberta Learning
  - North Peace Tribal Council
  - Kainai Wellness Centre
  - Siksika Mental Health
  - Calgary Health Region
  - Population Health, Chinook Health Region
  - AADAC
  - Sacred Circle Centre
  - Alexander Social Services Child Welfare
  - Children's Mental Health
  - Piikani Prevention Services
  - Alberta Mental Health Board
  - Aboriginal Affairs and Northern Development
  - Blood Tribe, Mental Health Services

- Consumer group representatives:
  - Schizophrenia Society of Alberta
  - The Organization for Bipolar Affective Disorders Society
  - Alberta Mental Health Self Help Network
  - Potential Place
  - Mental Health Association

- Southern Alberta Mental Health Network:
  - Calgary Health Region
  - Palliser Health Region
  - Chinook Health Region

- Southern Alberta Community Mental Health Providers and Self-help Groups:
  - Calgary Alternative Support Services Inc.
  - Calgary Association of Self Help
  - Arnika Centre
  - Persons with Developmental Disabilities
  - Potential Place
  - Organization for Bipolar Affective Disorders Society
  - Canadian Mental Health Association
  - Bridging the Gap

- Central and Northern Alberta Mental Health Network:
  - Northern Lights Mental Health – Region 9
  - Northern Lights Health Region
  - David Thompson Health Region
  - Capital Health

- Medical Staff and Senior Program staff:
  - Calgary Health Region
  - Alberta Hospital Edmonton
  - Alberta Hospital Ponoka
  - Claresholm
  - Raymond

INTERVIEWS

- Deputy Minister, Alberta Aboriginal Affairs
- Deputy Minister, Alberta Children's Services
- Deputy Minister, Alberta Community Development
- Deputy Minister, Alberta Health and Wellness
- Deputy Minister, Alberta Human Resources and Employment
- Deputy Minister, Alberta Justice and Attorney General
- Deputy Minister, Alberta Learning
- Deputy Minister, Alberta Seniors
- Deputy Minister, Alberta Solicitor General
- Senior Representatives of Alberta Alcohol and Drug Abuse Commission (AADAC)
- University of Alberta – Departments of Psychiatry and Nursing
- University of Calgary – Departments of Psychiatry and Nursing

PUBLIC CONSULTATIONS

In addition to focus groups and one-on-one interviews, the public was also invited to participate in the process. A questionnaire was developed and posted on the Provincial Mental Health Planning Project website. Ads were also placed in newspapers across the province. Close to 500 responses were received, with the majority coming from individual consumers and family members. Highlights of the responses are included in Appendix 2 and the full report is available on the Alberta Mental Health Planning Project website at www.amhb.ab.ca.

APPENDIX 2:
Summary of Ideas and Views

LISTENING TO THE VIEWS OF STAKEHOLDERS

Through focus groups, one-on-one interviews and the public consultation process, a wide range of issues were identified and ideas presented, many of which reinforce the overall findings from the literature review. While it is difficult to summarize all of the various comments and ideas, the following provides highlights of the key issues raised through the consultation process.

Focus Groups

- A number of specific populations are at significant risk because their mental health needs are not being met, including children and youth, Aboriginals, and the elderly.
- There are significant gaps in mental health services and pressures for expanding access to community-based programs in particular.
- From a consumer's perspective, the lack of integration means that mental health services are like "a maze in which a well person could not find their way."
- Services provided by different provincial Ministries are not well coordinated and sometimes contradictory.

Aboriginal Focus Groups

- Improved mental health outcomes for Aboriginal people depend on the creation of culturally-based options for the full range of mental health services.
- Most of the concerns relate to the availability and delivery of mental health services.
- The system does not know how to meet the mental health needs of Aboriginal people; however, considerable Alberta-based expertise and best practices in Aboriginal mental health are available as a potential foundation for appropriate mental health services strategies.
- Planning and management of effective Aboriginal mental health services requires both formal and informal inter-governmental and inter-Ministerial collaboration. Aboriginal governments need to be engaged "without abrogating or derogating from Treaty and Aboriginal rights" and Health Canada should be involved in providing services to First Nations people.

One-On-One Interviews

- There are challenges involved in inter-Ministry cooperation. The situation is complex because severely mental ill clients are served by many different ministries at the same time. There continue to be "silos" in the mandates of various ministries. And accountability and coordination is difficult for services that cut across different ministries.
- Inter-governmental cooperation is essential for First Nations mental health services.
- The agenda for mental health could be advanced by:
    - Setting a shared province-wide vision for mental health
    - Developing a vehicle for assessing government policy and its implications for mental health
    - Setting clear priorities for mental health including inter-ministerial initiatives
    - Using inter-ministerial initiatives as a vehicle for achieving the provincial vision for mental health
    - Providing leadership, dedicated funding and clear accountability for results
    - Enhancing trust and cooperation across ministries.

- There are numerous opportunities for inter-ministerial cooperation including Supportive Housing Partnerships, the Children's Mental Health Initiative, Aboriginal Policy Initiative, supports for children with disabilities, increased integration of AADAC services with regional health authorities' mental health plans, and improved integration in existing government programs.

LISTENING TO THE VIEWS OF ALBERTANS

A key step in the process involved seeking the views of Albertans, especially people who have first-hand experience with mental health programs and services – clients and family members, caregivers, mental health care providers, members of different organizations and agencies, and a wide range of people who are in the best position to say what's working well and what isn't, where the gaps are, and what the priorities should be in a provincial mental health plan.

In September, the consultation process began, a consultation document and questionnaire were developed, ads were placed across the province, information was provided to health regions and organizations involved in mental health, and a Web site was launched. As a result, close to 500 responses were received.

The ideas, concerns, and suggestions were far ranging and diverse and often reflected the heartfelt concerns and personal experiences of clients and family members. The common thread and consistent theme throughout all of the submissions can be summed up by a single word: ***MORE.***

People said we need more services in hospitals, more beds in acute care hospitals and provincial facilities, more community-based programs and services, more supports for people to be independent and employed in their communities, more outreach, outpatient and rehabilitation programs, more awareness programs, more housing with supports for people with mental illness, more coordination of services, more support for families, more crisis intervention, and more mental health care providers.

Serious concerns were expressed about the lack of access to necessary programs and services, long waiting times, and the lack of specialized care for a variety of different conditions and target groups. People often were strong supporters and advocates for the programs they were in but expressed concerns about how difficult it was to access care when it's needed. People in rural areas were concerned about the lack of services in their communities. Many people called for better transitions in the range of services provided to clients and especially better planning and better support when people are discharged from hospitals.

The need for adequate funding was highlighted in all areas including more funding for acute care, for specialized programs and facilities, for community-based programs, for support services, and for community-based organizations involved in providing care. People frequently called for sufficient, stable and equitable funding. And some fears were expressed about whether mental health services would be able to compete for resources against other priorities in regional health authority budgets.

In terms of targeting services for groups of people, highest priority was placed on expanding services for children, primarily so that actions can be taken early to address problems and prevent more serious mental illnesses wherever possible. High priority was also placed on services for adults and high risk clients, for seniors, Aboriginal people, and for the general public.

While a number of specific suggestions were made, people consistently called for more public education and better awareness in order to reduce the stigma of mental illness. There was a plea for mental illness to be treated the same as any other physical illness and for people with mental illnesses to be treated with more compassion and respect by everyone in our society, including those in the health care system. Related to this concern, they called for better education for health care providers, especially family physicians, nurses, and other front-line health care workers and more cooperation and collaboration among providers.

Most respondents said the proposed principles to guide a new provincial mental health plan were the right ones – but the real test would come with implementation. People are looking for more than good intentions and good words on paper.

In many cases, what's most compelling is the simplicity of what people are asking for. It's not complex or elaborate – just better access to better care. As one person said, "These people are just that – people – and they deserve the same level of care and attention that any Albertan deserves. They require prompt medical access, good long term group support, affordable accommodation, and coverage for medications that keep them stable." Or in the words of another respondent: provide staff support, have room for people who need it, help them do as much as they can for themselves, and give everyone a fair chance.

Finally, many respondents expressed the need for action, not more studies. There is a sense of urgency to "get on with it" and deliver the services people desperately need. That view is best summed up by this comment: "We need action today, right now, this minute."

The full report on the public submissions provides highlights of the various ideas, suggestions, and priorities outlined in the various submissions. Members of the Provincial Mental Health Planning Project would like to thank all those who took the time to participate in this important process. Your views have been heard.

The full report is available on the Provincial Mental Health Planning Project website at www.amhb.ab.ca.

APPENDIX 3:

Provincial Mental Health Planning Project Literature Review

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Appendix A: Comprehensive Cuturally Appropriate Mental Wellness Framework

1.0 INTRODUCTION

In the fall of 2003, Alberta's nine Regional Health Authorities and the Alberta Mental Health Board, in partnership with Alberta Health and Wellness, the Alberta Medical Association and the Alberta Alliance on Mental Illness and Mental Health, began work on developing a plan for mental health service delivery in Alberta.

The work plan included extensive consultation, including one-on-one interviews with stakeholders; focus group sessions with members of Aboriginal communities, service providers, mental health consumer groups, members of regional mental health networks, people employed with Alberta's four psychiatric hospitals, and associations representing family physicians, psychiatrists and psychologists, among others; and public consultation process.

The information gathered was provided to a series of working groups established to look at service plan models, funding, accountability, human resource development and research and evaluation.

As well, a review of the literature was conducted to inform the planning process on the existing findings and key recommendations in mental health care services and to understand the current perspectives of key stakeholders. A summary of the key findings are grouped under the appropriate headings below.

2.0 CONTEXT

The World Health Organization's, *Global Burden of Disease*, states that the impact of mental illness on overall health and productivity throughout the world is profoundly under-recognized. Today, in established market economies, mental illness is the second leading cause of disability and premature mortality.[33] In addition, the portion of the global burden of disease is expected to rise from 12% in 2000 to 15% in 2020.[33] The burden of mental illness creates an enormous cost in terms of suffering, disability and economic loss – and trends indicate that as people live longer, the numbers are likely to increase in the future.[22]

Significant developments in our learning, new psychotropic medications, modern technology and the growth of human rights and consumer movements has changed the manner and context in which people can be treated and supported.[22] Decentralization of services is a trend across the world, providing an opportunity to integrate mental health in general health care.[22, 33]

Despite the efficacy of treatment options and the many possible ways of obtaining a treatment of choice, nearly half of all people who have a severe mental illness do not seek treatment. Most often, reluctance to seek care is an unfortunate outcome of very real barriers such as the stigma that many in our society attach to mental illness and to people who have mental illness.[22, 33]

The data underscores the importance and urgency of treating and preventing mental disorders and of promoting mental health in our society.[3, 22]

In Canada:

- Six million, or 20% of all citizens, will experience a mental illness in their lifetime.[3] Three percent will suffer a severe and persistent disability.[3, 22, 26]
- Six million, or 20% will suffer substance abuse disorder in their lifetime, and as many as half of people with severe mental illness develop alcohol or other drug abuse problems at some point in their lives.[26] Mental illnesses affect people of all ages, educational and income levels and cultures.[3]
- In 1999/2000 over nine million hospital days were utilized by individuals with mental illness, and in 1998/99 mental disorders accounted for 14% of total days of care in general hospitals.[3]
- The economic burden of mental illness is estimated at $14.4 billion. [3]
- Mental health diagnoses are ranking among the most frequent diagnoses in primary care (e.g., depression and anxiety). Approximately 50% of office visits resulting in a mental health diagnosis are to physicians who are not psychiatrists. [12]

In Alberta:

- Six hundred thousand people or 20% of the population will experience a mental illness during their lifetime.[3]
- 39% of all general practice physician billings were mental health related.[12]
- Mental health problems constitute the top reason people consult their family physicians.[12]
- One hundred and twenty thousand Albertans are addicted to alcohol and drugs.[3]
- About $500 million is spent on treating mental illness annually.[2]

3.0 SERVICE PLANNING

3.1 Fundamental Principles – Alberta And Australia

General principles for planning mental health services were first outlined in the Alberta Government's mental health policy document *Future Directions for Mental Health Services in Alberta* (1992) and applied in the recommendations of the Mental Health Strategic Planning Advisory Committee's final report, *Working in Partnership: Building a Better Future for Mental Health* (1994).

The general principles designed to set the foundation for planning mental health services delivery throughout the province in 1992 included the following:[9]

- *Participation*: Mental health services should be provided and developed through a partnership that allows for the full participation of Albertans – clients, their families, health care professionals, community agencies, and all levels of government to take part in the planning and delivery of programs and services.
- *Continuity of Care*: Mental health services should be planned and delivered in a cooperative and collaborative manner which provides continuity of care for individuals and a continuum of services for all Albertans.
- *Efficiency*: Clients and service providers should use services and resources efficiently and responsibly.
- *Focus on Independence*: Mental health policies, programs and services should help Albertans with mental health problems to live as independent and self-sufficient lives in the community as their care needs permit. Community care alternatives for individuals in need should be used, whenever appropriate, before providing more intensive inpatient care.
- *Appropriateness*: Mental health services should be appropriate to an individual's needs.
- *Accessibility*: Albertans should have fair access to mental health services and to information and decisions regarding their own care.
- *Accountability*: Alberta Health will foster accountability within the mental health system.

Principles used to guide mental health system reform in Australia, were identified in Australia's *National Mental Health Plan 2003-2008* [31] and include the following:

- All people in need of mental health care should have access to timely and effective services, irrespective of where they live.
- The rights of consumers, and their families and caregivers, are an impetus for reform.
- Mental health requires a population health approach.
- Mental health care should be responsive to the needs of consumers, families and caregivers and communities.
- A recovery orientation should underpin service delivery.
- Workforce development is fundamental to reform.
- The safety and quality of mental health care must be assured.
- Innovation must be strongly encouraged and supported.
- Sustainability must be ensured.
- Mental health reforms must not occur in isolation, but in concert with other developments in the broader health sector.

3.2 Challenges Facing The Service Delivery System

Government reports and a review of the literature recognize that the mental health system in Canada lacks integration, balance and comprehensiveness.[30] For example:

- Mental health services are primarily oriented toward treating the mentally ill.
- Existing resources are predominantly for inpatient institutional care.
- Community-based mental health services are inadequate in supply.

Eight major challenges affecting the future of mental health services in Alberta were identified in Alberta Health's *Future Directions for Mental Health Services* in Alberta (1992) and include:

1. Developing the Continuum of Care.
2. Improving Service Coordination.
3. Determining Service Priorities and Appropriate Allocation of Resources.
4. Prevention and Mental Health Promotion.
5. Staffing and Recruitment.
6. Information Systems.
7. Services for Special Needs Groups.
8. Accountability.

Other significant mental health services gaps, pressures and priorities identified in the literature include:

- There are pronounced gaps in the mental health knowledge base including the need for research evidence that supports strategies for mental health promotion and illness prevention.[22]
- The stigma that is associated with mental illness deters individuals from seeking treatment.[22, 33]
- Human services professionals are unaware of health treatment resources in their communities.[22]
- There is a short supply of mental health services and/or unavailable community treatment services.[7]
- The supply of well-trained mental health professionals is inadequate in many areas of the country, especially in rural areas.[22] Shortages are found in the numbers of mental health professionals serving children and adolescents with serious mental disorders and seniors.[22, 26]
- State of the art treatments are not being translated into community settings.[22]
- Gaps persist in the broad introduction and application of advances in service delivery to local communities.[22]

- Aboriginal communities find the organized mental health system to be uninformed about the cultural context and thus, unresponsive and/or irrelevant.[14, 22]
- The mental health service system is highly fragmented; many individuals seeking treatment are bewildered by the maze of paths into treatment; others in need of care are deterred by the lack of information about where to seek effective and affordable services.[22]
- Challenges exist for individuals seeking mental health services who live in rural and remote locations due to: demand for services; distance from services; lack of community support systems, and difficulties in recruitment and retention of mental health professionals.[7]
- Health care resources are allocated according to the current use of services rather than relative needs for those services or their outcomes. Resource allocation is determined by the number and type of available physicians and facilities and their locational preferences rather than health care needs.[29]
- Lack of coordination among the major sectors of treatment services constitute a major hindrance in the delivery and planning of mental health services in Canada. Mental hospitals, psychiatric units in general hospitals, and community mental health programs operate in isolation from one another, leading to fragmentation and lack of continuity and to the absence of accountability for providing comprehensive care.[29]

3.3 Issues

In 2000, the stakeholders of the Alberta Alliance on Mental Illness and Mental Health identified the top issues that need to be addressed to build a better mental health system in Alberta.[2] The top five urgent issues identified include:

1. A vision and a strategic plan
2. Adequate and sustainable funding
3. Access to regional psychiatric beds/acute care
4. Lack of adequate community services
5. Children's Mental Health

Other significant issues identified include:

- Separate Psychiatric Hospitals
- Research
- Housing
- Human Resources
- Voluntary Association
- Central Data Source

3.4 Alberta Alliance on Mental Illness and Mental Health's Blueprint for Reform

The Alberta Alliance on Mental Illness and Mental Health released a *Blueprint for Reform* in 2003 that identifies the goal of mental health reform as the development and implementation of a system of care that:

- Reflects best practices in mental health care delivery.
- Fully integrates mental health within health care and the broad range of community social supports.
- Improves and supports the mental health and wellbeing of all.

The Report went on to say that prevention, treatment and care within this system must provide clear and measurable outcomes. Those should include: easy accessibility; responsiveness and early intervention; culturally relevant alternatives; and a continuum that is balanced, coordinated, continuous and effective. The most significant outcome of such a system should be the promotion of the greatest safety, wellbeing, independence and community integration.[2]

Recommendations identified in the 2003 report included:

- Partnership of government, health authorities, health providers and mental health consumers.
- Participation of mental health consumers, consumer-driven organizations, families and communities.
- Innovation and a commitment to excellence and accountability in services, programs, and system governance.

The Alliance said that achievement of the goals would be best met by including initiatives that involve consumers and their families in the design of mental health policy, programs and services, and give first priority to people with the most severe and persistent illnesses.[3]

The *Blueprint for Reform* (2003) identified several strategies to achieve the goal of mental health reform, as stated below:

- **Mental Health Policy:** Develop an explicit mental health policy that gives high priority to mental health services which includes developing the vision, values, objectives and strategies of governing bodies; identifies key stakeholders and achieves consensus among them; designates clear roles and responsibilities; and specifies standards that need to be achieved across the system.
- **Financing:** Adequate, stable and sustained funding is vital for the realization of a viable mental health system. Funding is a key component for the operation and delivery of services, the development and deployment of a trained workforce, and for the required infrastructure and technology. Accountability for existing mental health resources should be a critical component of planning and budgeting. Financing can shape the development and future of mental health systems through incentives and budget flexibility. Specific infrastructure supports can facilitate planning and budgetary objectives.
- **Legislation:** Legislation in mental health is a key aspect of policy and service development to provide longer-term consistency and continuity to policy directions.
- **Quality Improvement:** An emphasis on the quality of mental health policies and services is fundamental to effective stewardship and accountability. A focus on quality results in optimal use of limited resources, and can reduce overuse or misuse of services. Ongoing monitoring provides a built-in mechanism to continually improve the effectiveness and efficiency of services.
- **Organization of Systems:** A governance model that allows the government to develop province-wide policies, set system standards and seek overall outcomes for the enhanced mental health of Albertans should consist of:
  - A provincial entity charged with system level governance (preserves the integrity of mental health funding, monitors and evaluates system performance and promotes accountability and standards).
  - Regional Health Authorities having overall responsibility for providing, integrating and administering the full range of health and mental health services within broadly defined mental health programs that include community resources.
  - Regional councils supporting the provincial entity and the Regional Health Authorities, made up of health, mental health, community and consumer representatives, and having responsibility for planning and advising on a range of services that best address local needs consistent with best practices and provincial standards.

- **Organization of Services:** Services in the community through to more specialized services need to be coordinated, allowing for referrals to and from each level of the health system in order to promote continuity of treatment and care. Links between health services and the non-health sector (e.g., housing, social services & law enforcement) must also be established.

  Advantages in delivering mental health interventions through general health systems include:
  - Better geographical accessibility.
  - Reduced stigma through managing mental disorders in the same way as other illnesses.
  - Improved screening, detection and treatment rates of mental health problems.
  - Enhanced quality of care through a comprehensive approach to improving health.
  - Better adherence and clinical outcomes for a range of other present disorders.
  - Cost-efficiency savings due to shared infrastructure.

  Advantages in providing mental health services based in the community include:
  - Enhanced continuity and comprehensiveness of care.
  - Increased potential to address the essential elements of a comprehensive psychosocial rehabilitation strategy that includes social reintegration, employment, housing, and general welfare.
  - Improved outcomes and cost-effectiveness of treatments, particularly when informal mental health services (e.g., traditional healers, families, self-help groups and volunteer workers) are given adequate direction, support, and opportunities to develop.

  The immediate priority is to ensure that the large range of mental health services and programs is closely matched with population needs.[3]

- **Planning and Budgeting for Service Delivery:** Regional mental health services need to develop planning and budgeting tools for service delivery. Managers and planners in local mental health services need to plan services based on a thorough assessment of local needs, and in consultation with all relevant stakeholders in mental health.

3.5 Best Practices In Mental Health Reform, Federal/Provincial/Territorial Advisory Network

In the discussion paper *Best Practices in Mental Health Reform (1997)*, the Federal/Provincial/Territorial Advisory Network on Mental Health identified nationally accepted, evidence-based findings that define the core elements of a mental health system which supports recovery and wellbeing. Core programs and system strategies are summarized in the table below.

Key Elements of a Reformed System of Care – Core Programs
(Best Practices in Mental Health Reform, 1997)

Best Practice Area	Checklist Criteria
Case Management/Assertive Community Treatment (ACT)	• An array of clinical case management programs are in place that follow rehabilitation, personal strengths and Assertive Community Treatment (ACT) models. • There is an emphasis on ACT models for those who need intensive support, including special needs groups such as the homeless and persons with dual disorders.
Crisis Response/Emergency Services	• A continuum of crisis programs are in place to help people resolve crises using minimally intrusive options.
Housing	• There is a variety of housing alternatives available, ranging from supervised community residences to supported housing, with emphasis on supported housing. • Housing needs of the homeless mentally ill are addressed.
Inpatient/outpatient care	• Inpatient stays are kept as short as possible without harming patient outcomes. • An array of treatment alternatives to inpatient hospitalization are available, including day hospitalization and home treatment. • Long stay patients in provincial psychiatric hospitals are moved into alternative care models in the community. • Service delivery models link family physicians with mental health specialists.
Consumer Initiatives	• Consumer initiatives are in place that have diverse purposes such as mutual aid, skills training and economic development. • Consumer initiatives are supported through funding, consumer leadership training, education of professionals and the public about consumer initiatives, and evaluation using appropriate methods.
Family self-help	• Funding is provided to family groups who also participate in planning and evaluation using appropriate methods.
Vocational/educational supports	• There are supported employment programs in place, and plans for implementing and evaluating pilot programs in supported education and social recreation.

Key Elements of a Reformed System of Care-System Strategies (cont.)	
Policy	• There is a free standing mental health reform policy based on an explicit vision that is shared among various stakeholders, including consumers and families. • There is a planned strategy for implementing policy. • Policy preserves the mental health envelope, prevents losses due to downsizing institutions, and increases the proportion of funds spent on community care. • Policy defines concrete, measurable targets for reform.
Monitoring & Evaluation	• Regular monitoring of all services and supports is the basis for program and system accountability, and for continuous quality improvement. • Preset goals, performance measures and time lines are established. • An information system has common elements for system evaluation (provincial) and local elements for program evaluations (agency level). • There is sufficient, protected evaluation budget.
Governance & Funding	• At the regional/local level one organizational entity is responsible for mental health care, and is a clear point of accountability for system performance. • The authority uses clinical, administrative and fiscal mechanisms to promote cost containment, transfer resources from institutional to community care, implement best practices and increase accountability. • Diverse funding sources are consolidated into a single funding envelope that can be used flexibly. • Funding allocations to a region or local area are linked with unique characteristics and needs of residents. • A consumer-centred information system supports decision making in planning, funding and managing the system. • Administration of mental health care is connected with the broader health system and with generic services.
Human Resources	• A detailed labour strategy is in place to facilitate redeployment of staff. • Strategies enhance consumer involvement as providers and educators.

3.6 Best Practices: Characteristics Of Exemplary Mental Health Systems

The characteristics of exemplary mental health systems are summarized in *Best Practices in Mental Health Systems: An International Review (2002)*. The characteristics include:

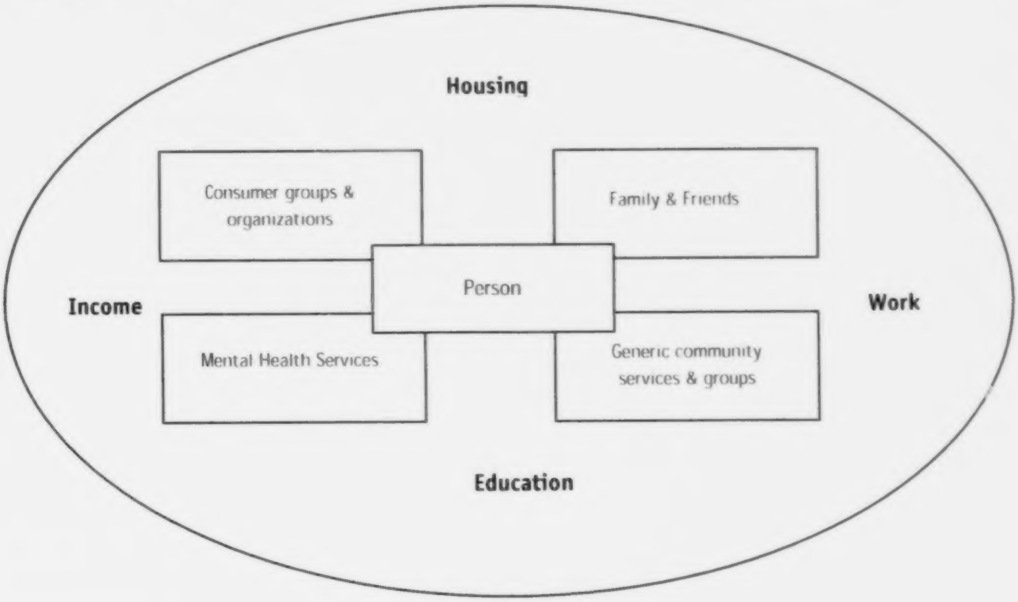
- The care systems are community and general hospital psychiatry-based, with a full continuum of services based on internationally agreed to best practices.
- The care systems are client-based and encourage family and caregiver involvement.
- The care systems are innovative – experimenting with and evaluating innovative service mechanism.
- The care systems are information-based with minimum data sets in progress as well as mechanisms for tracking key information on conditions and utilization via survey methods and plans for information systems infrastructure to support service delivery and planning.
- The care systems are performance-based with increasing emphasis and initial progress on performance measurement and quality improvement.
- The care systems are increasingly knowledge-based with emphasis on research and evaluation.

The review acknowledges that mental services should be delivered through a community based approach rather than via psychiatric institutions but also found that most countries have made only partial progress in this regard.[13]

3.7 Framework For Support – Canadian Mental Health Association

The Canadian Mental Health Association (CMHA), formulated a policy framework that calls for the full involvement of consumers and families in the mental health system as opposed to focusing exclusively on mental health services to restore consumer health.[18]

The Community Resource Base (CRB) framework identifies the key sectors that have the potential to integrate, support and empower people with mental health problems. These were identified within the context that people with mental health problems are the consumers of mental health services and should have access to the same elements of community to which every citizen should have access: housing; work; education; and income.[18]



Implications of the Community Resource Base framework include:[19]

- **Person-centered, not system-centered**: the model looks through the "lens" of each individual at the range of resources he/she needs, not just to treat mental illness, but to recover and maintain an optimal level of mental health.
- **Participatory**: the model shows who needs to be part of the team involved in planning and making decisions.
- **Paradigm shift**: the model moves beyond the "service paradigm" and the assumption that clinical services alone are responsible for health, while including these as a vital component. It encourages service providers to see the importance of other community and informal resources and to help develop the natural capacity of people and communities.

The expected outcomes of communities and programs adopting the framework are:[18]

- Policy development and program delivery that is influenced by consumers of mental health programs and services.
- Recognition of the importance of informal supports (family, friends and community), of access to the fundamentals (income, housing, jobs and education) and of membership in consumer organizations.
- Development of new partnerships, including cross-sectoral, to support the individual with mental health needs.

- More consumer choice and participation in decision-making.
- Diverse sectors involved in mental health planning.
- Greater access to generic community organizations and services for people requiring mental health services.
- More equitable distribution of funds among sectors, especially consumer and family groups.

3.8 Elements Of A Comprehensive Mental Health System – Health Canada

The key elements for a comprehensive, effective mental health care system that could be regarded as essential to such as system were identified in *A Report on Mental Illnesses in Canada* (2002), from Health Canada, and are summarized below:

1. Education for Users of Services and their Families

Individuals and families directly affected by mental illness need information about the signs and symptoms of these illnesses, sources of help, medications, therapy and early warning signs of relapse. Outcomes may be improved by educating people in order to enhance their abilities to identify episodes in the earlier stages and to respond with appropriate actions.

2. Community Education

Dispelling the myths surrounding mental illness requires community education programs, including programs in schools, which could help reduce the stigma associated with metal illness and improve the early recognition of a problem. Programs may encourage people to seek care and may contribute to creating a supportive environment.

3. Self-Help/Mutual Aid Network

Self-help organizations and programs connect individuals to others facing similar challenges and provide support to both individuals and family members. Groups provide information, reduce isolation and teach coping and can work in effective partnerships with professional services.

4. Primary and Specialty Care

Multidisciplinary teams of health professionals provide essential services to those with mental health needs. Primary care models involve psychologists, social workers, family physicians, psychiatrists, nurses, pharmacists and others working in a collaborative and integrated system.

In a shared care model of mental health care delivery, psychiatrists and mental health professionals work with family physicians, providing support and counseling assistance in the daily clinic setting.

5. Acute Inpatient Services

Hospitalization for a mental illness can assist in diagnosis and can stabilize symptoms. Ideally, multidisciplinary teams of physicians, nurses, occupational therapists, pharmacists, social workers and case managers work with the individual and family to identify and respond to the factors that influence symptoms.

Although hospitalization provides important short-term respite and care, prolonged periods in hospital remove individuals from their normal environment and can weaken social connections, making re-integration into community living more challenging.[22] Planning for the person's transition back into community living is an important role of the hospital team, which should be carried out in cooperation with care providers and service agencies in the community. An investment in community outreach programs, which support individuals in living productive, meaningful, and connected lives, is an essential cost-effective complement or alternate to hospital-based care.

6. Crisis Response Systems/Psychiatric Emergency Services

Crisis response systems (CRS) encompass a range of services integrated across various providers. With its expertise and range of options, a CRS is positioned to resolve a crisis using minimally intrusive options, particularly for non-compliant persons. A CRS offers backup to community providers, including mental health personnel, family practitioners and police. It also provides a community outreach mechanism by connecting first-time users to appropriate services. Crisis specific functions include:

- Medical services, including inpatient services when other options have been exhausted.
- Short-term residential placements for crisis stabilization in protective and supportive settings.
- Mobile crisis outreach which brings assistance to virtually any site in the community where crisis is occurring.
- Walk-in crisis intervention services.
- Telephone crisis services.

7. Case Management/Community Outreach Programs

Multidisciplinary teams share the clinical responsibility for each individual receiving care in the community. A team aims to help individuals with mental illness to achieve the highest level of functioning possible in the least restrictive setting. To this end the team works to ensure compliance with treatment (particularly for those with schizophrenia and other psychotic illnesses) and, consequently improve functioning in order to reduce the need for hospital readmission. Programming focuses on obtaining and coordinating needed services from a variety of health and social agencies; resolving problems with housing, employment, leisure, relationships and activities of daily living; and providing social skills training to improve social functioning. Key features of good case management include: a caring supportive relationship between the team and the individual; and emphasis on flexibility and continuity of care – supports provided as long as needed, across service and program settings, even when the person's needs change over time.

A model of case management that has been positively evaluated is Assertive Community Treatment (ACT). The ACT team has a high staff/patient ratio and provides the individual with access to support when and where needed – 24 hours a day, 7 days a week.

8. Workplace Supports

The workplace plays an influential role in an individual's health and well-being. Much of the impact of mental illnesses in the workplace manifests in poor productivity and increased use of sick leave. The workplace has a potential to develop supports to maintain a healthy work environment by educating employers and employees in the area of mental health issues, developing fair policies and procedures and providing supportive reintegration into the work environment for those experiencing mental health issues.

9. Other Supports

A variety of other programs and services – such as long-term care residences, community rehabilitation, special needs groups, specialty services, and community crisis centres – can contribute to the diagnosis, treatment and integration of individuals in the community and the improvement of their quality of life.

Other supports are required to ensure adequate income, safe housing and opportunities for regional education for these individuals with mental illnesses.

3.9 Provincial Mental Health Services Delivery

3.9.1. Client Populations

Within Alberta, mental health service providers have identified two groups of client populations requiring services.[10] The first client population is by age and includes four groups:

- Children (0-11 years)
- Youth (12-17 years)
- Adults (18-64 years)
- Seniors (65+ years)

The second client population is by designated special populations requiring increased services. This is because services for these populations require some degree of specialization within the mental health system. Service delivery for persons with special needs is complex, making planning and coordination at all levels important.[7]

These are:

- Children
- Elderly*
- Addicted
- Aboriginal people
- Brain injured
- Chronically mentally ill
- Mental disorder/physically handicapped
- Persons with mental handicaps and mental disorders
- Recent immigrants/refugees
- Offenders
- Persons affected by family violence

** The proportion of elderly persons with psychiatric problems is relatively high compared to other age groups, largely because this group is subject to particular disorders such as Alzheimer's disease. The interaction between physical and mental wellbeing is especially important; depression and suicide occur with high frequency in this age group (Alberta Health, 1992).*

3.10 Services To Children And Youth

Throughout the literature, challenges associated with addressing the mental health service needs of children and Aboriginal individuals are well-documented. Service strategies and recommendations from the literature to address the priority needs of these two population groups are summarized below.

Children's mental health programs and services are intended to reduce the impairments associated with mental illness, optimize development and wellbeing for children, and ensure the effective and efficient use of public funds towards these ends.[29]

In the long term, treating mental illness in children, reducing risk, and supporting the contribution families and communities make to the mental health of children will help avoid the much greater "downstream" costs resulting from the prevalence of mental illness in children.[28]

The challenge is too large to be met solely by increased clinical services so coordinated approaches are required on several different levels including:[4, 28]

- More timely and effective treatment and support services are needed for children with serious mental illness.
- Programs are required to reduce risk and prevent and mitigate the effects of mental illness.
- Efforts are required improve the capacities of families and communities to prevent and/or overcome the harmful impact of mental illness in children.
- Better systems are needed to coordinate services, monitor outcomes, and ensure public accountability for policies and programs.

The literature identifies recommendations for improved treatment and support, including:[28]

- Ensuring that children (and their families) have access to a core continuum of timely, evidence based, effective mental health assessment and treatment, services.
- Ensuring the effective coordination of services across all related sectors including public health and primary care, early child development, schools, community living, child protection, addictions, youth forensics and youth justice, adult mental health, hospitals, and crisis and residential services.
- Promoting evidence-based practice as the standard of care for children's mental health programs and services through providing training and education, and through monitoring standards of practice for all children's mental health practitioners and settings.
- Providing new resources for early intervention programs for serious mental health problems including anxiety, depression and psychosis.

Children are at greater risk of developing a mental illness. These children and their families benefit from targeted efforts to reduce their risk and prevent problems. Specific recommendations for reducing risk include:[28]

- Initiating provincial public education programs to facilitate early recognition and preventative intervention to reduce the stigma associated with mental health problems, and to promote approaches that increase protective factors in the lives of children and families.
- Providing mental health expert advice and consultation to programs and services across all related sectors including public health and primary care, early child development, schools, community living, child protection, addictions, youth justice, adult mental health, hospitals and crisis and residential services.

Recommendations for building family and community capacity to care for children include: [28]

- Providing mental health consultation to existing early child development, primary health care, school, recreation, and other community programs and organizations involved with the healthy development of children and families.
- Supporting and educating families and promoting the full participation of families in all aspects of planning for children's health, wellbeing and development.
- Working with community organizations and institutions to address the social determinants of health, build resiliency and reinforce protective factors in order to be supportive of children and families experiencing mental illness.
- Providing increased collaboration and resources to facilitate Aboriginal communities in developing mental health programs based on their individual cultures and needs, as well as to ensure full access by Aboriginal children to culturally competent programs and services in the broad children's mental health system.
- Reaching out to other cultural groups that under-utilize services.

Accountability and outcome monitoring are key issues that need to be addressed across all systems and sectors serving the mental health and related needs of children. A system to coordinate services and oversee accountability for improved outcomes is needed. As well, comprehensive information systems needs to go beyond monitoring outputs (services provided) to also monitor broad outcomes across relate sectors. Key recommendations in the literature to improve accountability and outcome monitoring include: [28]

- Establishing a formal provincial children's mental health network that will facilitate more effective planning and service coordination across all related sectors including public health and primary care, early child development, schools, community living, child protection, addictions, youth forensics and youth justice, adult mental health , hospitals, and crisis and residential services.
- Establishing a comprehensive provincial children's mental health information system that can be used to monitor outcomes and evaluate activities in all related programs and sectors that can be linked with larger databases in health and education.

Steinhauer (1999) recommended a number of specific mental health services for children and youth in Alberta that are summarized in the following table.

RECOMMENDED MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH[32]

1. Health promotion/primary prevention activities with linkages to agencies providing health promotion activities with designated community children's mental health centres.
2. Mental health consultation by expert consultants, regardless of profession, to health promotion/ primary prevention programs.
3. Periodic time-limited respite, both scheduled and available on a crisis basis, for parents of children with severe and multiple mental and/or physical special needs.
4. Community-based residential treatment centre (RTC):
   - To stabilize a crisis or protect a child or the family relationship. Should not require more than a 3-4 day admission at most.
   - For intensive observation, diagnosis and treatment initiation, usually for 3-5 weeks, to be followed by seamless discharge either to day treatment or to out-patient care in the community.
5. Community agency workers forming a crisis team within the hospital to perform an initial work-up of all cases appearing in the hospital's emergency/crisis clinic. Crises cases that did not have a community worker of their own would be followed by the community partner of the hospital crisis unit.
6. Day treatment facilities to provide a smoother transition back to the community. For example:
   - Alberta Children's Hospital (Calgary).
   - Royal Alexandra Hospital (Edmonton).
   - CASA (adolescents).
   - Specialized day treatment program, possibly school-based for the schizophrenic/PDD/Asperger children to replace much of their inpatient stay at the Glenrose Hospital;
   - Day treatment program as part of Eating Disorder Program.
   - Day treatment program for preadolescents at CASA.
7. Crisis beds for adolescents (for 3-5 day admissions). Crisis beds for children under 12 would remain at the Alberta Children's Hospital.
8. Long-term case management for children recognized as having extraordinary needs.
9. 1-800 line with a panel of experts to man it, to provide crisis back-up for doctors and mental health professionals managing extremely complex or difficult children and youth in their communities.

3.11 Services To Aboriginal People

The uniqueness of Aboriginal culture, coupled with high rates of suicide, substance abuse and family breakdown in the aboriginal population, underscores the needs for services specifically aimed at the Aboriginal population.[7]

Many Aboriginal people face significant health and social challenges. According to the Premier's Council on the Status of Persons with Disabilities, over 30% of Aboriginal people have disabilities that may limit their physical, mental and emotional wellbeing and their ability to participate fully in economic activities.[25]

While there is a continuing need to address specific health, education, social and justice issues in their communities, social programming by itself has failed to address the underlying economic conditions that are the basis for much of the disparity in community and individual wellbeing.[25] In addition, Aboriginal people in remote communities often have difficulty accessing goods, services and opportunities.

Current Modes of Service Delivery

Mental Health services in Aboriginal communities are currently being delivered in fragments between three health jurisdictions (i.e., federal, provincial and community) and include the following:

- Within the Federal Government, the First Nations and Inuit Health Branch (FNIHB) currently provides portions of mental health services within the program areas of Nursing, National Native Alcohol and Drug Addiction Program (NNADAP), Non-Insured health Benefits (NIHB), Building Healthy Communities, and Brighter Futures.
- The province provides mental health services via individual therapists in private practice, psychiatric hospitals, court services, police services, Alberta Alcohol and Drug Abuse Commission (AADAC), social services, and children's protection.
- At the community level, some First Nations communities currently run community-based mental health programs that include a focus on NNADAP, Brighter Futures and Building Healthy Communities.

The three jurisdictions have unique client intake and referral processes, protocols, and policies. Clients requiring a range of mental health services must navigate through the three systems and link across the jurisdictional boundaries.

Strategies and Recommendations

The *Royal Commission on Aboriginal Peoples* and *Strengthening the Circle* addressed health issues as they pertain to Aboriginal people in Canada and Alberta.[14] The Royal Commission identified a model of holistic treatment for workers in mental health services that involves:

- Not just the mind and body of the mentally ill person, but his or her emotions, spirit, relationships and identity.
- Not just the individual, but his or her family, friends and community.
- Not just a change in the use of addictive substances, but a change in fundamental patterns of living.

In 1991, the Agenda for First Nations and Inuit Mental Health demonstrated that there was a critical lack of mental health services in Aboriginal communities. They proposed "healing" as the overriding goal of Aboriginal mental health services, and recommended that training needs be met and intergovernmental jurisdiction and mandate issues be sorted out, to permit culturally appropriate and community-controlled and delivered services to become a reality.

Recommendations to improving the health and wellbeing of Aboriginal people are outlined in the *Royal Commission on Aboriginal Peoples* and include: [25]

- Increase Aboriginal staffing and other forms of Aboriginal involvement in the day-to-day operations of mainstream programs.
- Develop and implement plans to provide structured, organized and systematic involvement of Aboriginal people in the design of programs and in the governance of mainstream agencies.
- Examine the barriers that prevent the provision of traditional health and healing services, and implement measures to overcome these barriers.
- Develop and implement a plan to combat racist behaviours.
- Provide interpretive services and make literature available in Aboriginal languages.
- Conduct assessments of Aboriginal health and social needs and redesign services to meet these needs.
- Implement promotion and prevention services to Aboriginal communities on a proactive basis.

- Establish a clear point of contact for Aboriginal people so that they can easily obtain the information or assistance they require about access to mainstream services.
- Develop a protocol to ensure that any concerns or suggestions about services provided are acted upon promptly.
- Develop a monitoring system to ensure that the quality and effectiveness of services provided for Aboriginal people are assessed regularly.

In 2002, The Assembly of First Nations, Inuit Tapirisat of Canada and Health Canada developed a Mental Wellness Framework to provide a general outline of what is needed for First Nations and Inuit people to address mental wellness at the community level, and is included as Appendix A.

Focus Group Consultations

A summary report of focus group consultations with Aboriginal participants held by the Alberta Mental Health Board's Provincial Forensic Psychiatry Program in 2002, in seven rural communities identified a number of key issues, service needs and recommendations to address the mental health status of Aboriginal people in Alberta.[14]

- **Key Issues:** Major mental health issues affecting Aboriginal stakeholders include:
  - Violence, abuse (elder, wife & child); services related to probation or parolees; FAS/FAE (fetal alcohol syndrome/fetal alcohol effects); sex offenses/offenders; staffing problems (safety of, training of and shortages); access to services; substance abuse; and clients or families with co-morbid conditions.
  - Lack of follow-up services and transportation are major barriers affecting delivery and access to appropriate mental health services for Aboriginal clients.
  - Other significant issues include: patient motivation to continue with treatment; programs in corrections; elder safety and remuneration for Elder Services; lack of funding for programs and new initiatives; racism and intolerance; and services for clients with brain damage and organic brain disorders not falling within the mental health mandate.

- **Service Needs:** Key service needs of Aboriginal stakeholders include:[14]
  - General mental health services.
  - Training/follow-up services.
  - Youth services.
  - ADAAC.
  - Sex offender programs.

- **Recommendations:** Recommendations to address the issues include:
  - Cultural awareness programs for parole service personnel and youth.
  - Traveling mental health outreach services.
  - Hiring Aboriginal staff for various positions (e.g., transportation coordinator).
  - Remuneration of Elders who would work with forensics teams.

Other suggestions include establishing tele-mental health services, programs for ex-convicts, and improving access to neuro-psyche services.

3.12 Core Services

The broad range of core services and support functions that are required to meet the mental health needs of people in Alberta are identified in Alberta Health's report *Core Requirements for Mental Health (1994)* and include the following:

- **Promotion and Prevention Services** (public education and identification/recognition functions): Includes activities focused on the general population to enhance adaptive living while addressing biological/psychological/social factors associated with mental health. Prevention includes activities aimed at individuals, families and groups at-risk in the general population, focusing on preventing difficulty/dysfunction/disorder/disease.[10]
- **Community Supports** (meeting basic needs): Includes activities which provide for and support basic needs and independent living from a mental health perspective for consumers in the system. Basic needs include secure stable living environment, physical/emotional safety, relevant social opportunities, basic social stimulation and recreation, meaningful activities (i.e. employment, education, and leisure).[10]
- **Consumer Initiatives** (self-help/peer/family/community support functions): Those activities which facilitate personal autonomy and provide for individuals, families and communities to be nurturing and supportive.[10]
- **Assessment** (appraisal and assessment functions): Activities which facilitate initial identification of individual, family and community needs and requirements relative to the service continuum. Assessment activities evaluate specific needs for intervention purposes and in many instances will be provide by mental health professionals.[10]
- **Crisis Intervention and Stabilization** (crisis intervention and stabilization functions): Are timely interventions necessary to deal with special needs relative to immediate, intensive and emotionally disruptive experiences? Stabilization activities are aimed at restoring adaptive functioning at the time of a crisis or in order to circumvent a crisis.[10]
- **Intervention Services** (early, acute, short term and long term intervention functions): Include early intervention, acute intervention, short term intervention and long term intervention activities. Intervention activities include referral, identification/appraisal, assessment, crisis intervention, stabilization, acute interventions, short term interventions, community based long term interventions and specialized interventions.[10]

3.13 Mental Health Care Facilities

Nasir (1995) identified and summarized the role of mental health care facilities in mental health service delivery.

- **Psychiatric Hospitals**: Regional/provincial care facility that provide highly specialized treatment programs for special needs patients, forensic patients and individuals requiring long term inpatient care. Increasingly fewer psychiatric hospital beds will be needed provided community, extended care and general hospital based programs are available.

- **General Hospital Psychiatric Care**: Ideal for providing intensive, short-term treatment for those who are suffering from acute relapses of severe mental illness and who cannot be managed in the community. The response consists of a rapid assessment and diagnosis, initiation or treatment, and a comprehensive discharge plan. Evidence indicates that most psychiatric patients can be stabilized and treated effectively during short term hospitalization in general acute care hospitals with psychiatric units, and long term hospitalization has no significantly added advantage for the patients. General hospitals must have adequate facility for emergency assessment of psychiatric patients, and a close working relationship with a coordinated network of community support services, extended care facilities and psychiatric hospitals.
- **Extended Mental Health Care Facility**: With the attempt to move to deinstitutionalize, a number of patients remain "whose needs cannot be met by the full range of acute psychiatric treatment coupled with community alternative to hospitalization".[10] These difficult to serve mental health patients, requiring extensive care in an extended care facility include: elderly, demented, and behaviorally disturbed; persons with developmental disabilities who are also psychotic; brain damaged and assaultive; psychotic and assaultive; and chronically schizophrenic, disruptive and endangered.
- **Community Based Services**: Community based facilities should include a wide range of services such as client identification and outreach, mental health treatment, health and dental services, crisis services, housing assistance, income support and entitlement programs, peer/family/community support, rehabilitation services as well as protection and advisory services. An estimated one-half to three-quarter of hospital readmissions could be avoided if comprehensive community support services were available. These services should be available around the clock and not just during crisis. Staff should be capable of assisting and making adjustments to vocational, living, social and recreational situations.

3.14 Service Responsiveness

The "mainstreaming" of mental health care within the structure of the wider health system should continue and be sustained, and community-based care should be the focus of care wherever possible.[11]

Consumers and their families and caregivers, should be empowered to participate fully at all levels of planning and service delivery, and in relation to individual treatment plans.[11] Key components of a responsive mental health service system include:

- Access to mental health care and service mix.
- Responsiveness to a wide range of mental health problems and mental illness.
- Early intervention.
- Continuity of care across the lifespan.
- Continuity of care across the course of disorder.
- Access to support inter-sectoral services.
- Coordinated and integrated care.
- Responsiveness to diverse needs with in the population.
- Responsiveness to consumers with complex needs.
- Recovery, rehabilitation, and relapse prevention.
- Recognition and support for caregivers, community support services and non-governmental agencies.

4.0 Accountability

4.1 Major Accountability Issues and Challenges that Need to be Addressed

4.1.1. Policy Context

Health care is in the "era of accountability" in all developed countries.[1] Drivers of this change are rising costs, aging populations, consumer demand, and new medical technologies.[1] Pressures for accountability have come from governments, taxpayers and patients as well as (in the US) employers and insurance companies.[1] This general emphasis on accountability has resulted in increased attention to the development of performance measurement systems during the 1990's.[1]

4.1.2. Canada

Adair et. al. (2003), identified the following performance measurement trends in Canada:

- Federally, the Minister of Health has repeatedly emphasized the need for better performance measurement in healthcare.
- The interim report of the Commission on the Future on Health Care in Canada – the "Romanow" Commission emphasized that improvement in quality in Canada's health system requires effective measurement.
- The Canadian Council on Health Services Accreditation (CCHSA) has incorporated performance measurement into the accreditation process and the Canadian Institute for Health Information and the CCHSA have developed performance measurement frameworks.
- The use of report cards is increasing in frequency in Canada including the production of a joint Federal/Provincial health report card in September 2002.
- Safety has become a major recent focus as a component of quality to be addressed by performance measurement.

Previous assumptions allow that mental health programs or services would have positive results if they filled a need and had good inputs and processes.[11] Assuming that good outcomes will automatically follow from good program practices is not enough.[11] Demonstrating results, through measurable indicators of success, at both the individual and community levels, is required.[11, 22]

An outcome monitoring system designed to monitor mental health programs at two levels was identified by Health Surveillance, Alberta Health.[11] The two levels are:

- The client level – monitoring involves assessing individual client outcomes by means of selected psychological tests and converting test scores to composite scores reflecting the degree of recovery from mental illness.
- The community level – monitoring involves tracking a set of indicators related to the mental health of the community as a whole using an electronic database containing a range of demographic, social problem, social structure, and mental health utilization indicators.

The rationale for monitoring client and community outcomes is based on a reciprocal relationship between social structure, social problems, and mental vulnerability. Therefore, outcome monitoring takes both individual and community perspectives into consideration and addresses the two basic questions:[11]

- Has the client's mental health improved?
- Has the occurrence of social problems decreased?

4.2 Standards And Monitoring

Service standards are essential for assessing service quality and to act as a guide for continuous quality improvement.[31] Suggested actions from the literature include:

- Develop provincial outcome standards for mental health services and systems for assessing compliance with the standards.
- Implement provincial practice standards for mental health professionals and systems assessing compliance with standards.
- Support appropriate professional bodies in developing protocols for clinical treatment and professional standards for mental health care.
- Ensure participation of consumers and families and care providers in the review and accreditation of mental health services.
- Ensure mental health facilities are fully accredited by an independent and recognized accreditation body.
- Establish quality assurance programs for all mental health services.
- Implement a provincial mental health data strategy.

4.3 Performance Measurement

The Alberta Government has placed a strong emphasis on accountability for health care costs and quality.[1] Performance measurement is one way to assure accountability. Adair, et al., (2003) identified that minimal systematic information is available to support and guide the implementation of performance measurement systems, and that even less is known about the extent to which these systems can improve service delivery and ultimately population health.

Adair, et al., (2003) summarized the strengths and weaknesses of the current research literature on models, practices and effectiveness of Performance Management (PM) systems in health and mental health services. Key findings included:

- The business, health and mental health literature on performance measurement (PM) is characterized by a lack of clarity and consistency in the use of terms. The lack of clear definitions is considered to be one of the major barriers to advancement of both science and practice.
- The number and type of PM related activities and the blurring of boundaries among these activities represents another significant challenge.
- There is a strong emphasis on the importance of PM overall. This has expanded in the past 15 years, especially in the US, UK, Canada, Australia and other countries.
- Key findings were noted in four developmental stages of PM identified in Table 1.

Table 1: Four Developmental Stages of PM (Adair, et. al. 2003)	
Conceptualization & Strategy	• Increasing emphasis on strategic approaches to PM. • Increasing emphasis on multiple stakeholder perspectives. • Many call for greater vertical, horizontal & temporal integration. • Optimal level of integration has not yet been defined.
Measures Selection of Development	• Many frameworks for measure selection but no agreement on domains. • Thousands of measures & indicators exist. • Mental health measures are vastly underrepresented in actual use. • Health organizations are increasingly using business approaches to PM. • No best framework & few measures are validated.
Data Collection & Analysis	• Cost & complexity are major issues. Data sources and data quality are also important. • Analysis methods range form very simple to very complex multivariate analysis. • Little empirical information on how to best mange the implementation process.
Reporting & Use	• 'Actioning' of measures for the improvement of care is a major challenge. • Little evidence that individual providers and consumers use PM information. • Most controversy has arisen about external reporting, or report cards • Potential unintended effects of PM have been delineated. • A more comprehensive, thoughtful, & evidence-based approach to PM is widely recommended.

A major finding from the review was that rich information is available from the literature on models and practices but research on effectiveness is in its infancy.[1]

Key strategies for Alberta include setting priorities within the context of global knowledge by:[1]

☐ Developing capacity to track new findings.
☐ Providing mechanisms to provide evidence to practice initiatives.
☐ Enable and support multidisciplinary research.
☐ Develop and implement a set of "research to practice projects".
☐ Create an ongoing capacity.

Initiation of the above noted strategies can begin with an expanded inventory of performance indicators in practice in current use including methods in Alberta's regions which will inform strategic directions.[1]

4.4 Satisfaction, Outcomes and Effective Utilization in Primary Practice

The Health Transition Fund (HTF), a federal/provincial initiative under the directorship of Alberta Health and Wellness, identified six dimensions of a national HTF evaluation framework. The six dimensions can be grouped into indices of patient/physician satisfaction, outcomes, and effective utilization of shared mental health care in primary practice.[12] These include:

☐ **Access**: Identification of a strategy to increase patient access to mental health services in family physicians' offices.
☐ **Integration**: Identification of a strategy to improve the recognition of patients with significant mental health issues in the caseload of participating primary care family physicians; identification of a strategy to increase family physicians' links to treatment services and support groups in the community.

- **Quality**: Determination of levels of satisfaction of family physicians and psychiatrists with the collaborative process of diagnosis and development of care management in mental health; determinants of levels of satisfaction of family physicians with their improved capacity to diagnose patients with mental health problems.
- **Health Status**: Determination of the degree to which patients report improvement in their mental and physical health following integrated treatment.
- **Transferability**: Identification of a model of collaborative practice to build capacity of family physicians for appropriate recognition and referral of patients presenting with mental health problems.
- **Cost Effectiveness**: Identification of ways to improve the quality, efficiency, and effectiveness of care.

4.5 Information Management Requirements

Information management requirements identified to support accountability and outcome monitoring include the following from a report prepared for Alberta Health in 1993.[8]

- **Cross sector service recipient information**: Access to basic information about service recipients, their needs, and services provided by other health organizations. Cross-sector access to basic service recipient information would help ensure the most appropriate care is provided, reduce redundant service provision, help providers determine and deliver appropriate care more quickly, and reduce the amount of time spent by providers and recipients gathering basic data every time a service encounter occurs.
- **Community Profile Information**: Comprehensive information on community demographics, trends and needs, services available, provider profiles, organization capacities, and wait lists within communities to help organizations within geographic areas adjust and focus their services and resources to ensure gaps and overlaps are identified and addressed.
- **Program evaluation**: Identifying the goals and objectives as well as monitoring and assessment of program results to ensure that the most appropriate and effective services are being provided with the available funds.
- **Service Outcome Assessment**: Emphasis tracking outcomes by reviewing the effects of interventions. Long term, outcome assessment will be a factor in shaping the types and nature of programs funded to meet recipient and community needs.
- **Resource Utilization Information**: Evaluate the efficiency of service delivery activities for the mental health system as well as others. This information is required for all types of cost-benefit analyses done as part of evaluations on various parts of the system.

5.0 Human Resources

5.1 Major Human Resources Challenges

The supply of well-trained mental health professionals is inadequate in many areas of the country, especially in rural areas.[22] Shortages are found in the numbers of mental health professionals serving children and adolescents with serious mental disorders and older people.[22]

Fundamental to the effectiveness mental health systems is consideration of the supply, organization, deployment and education and training of the mental health workforce and its impact on safety and quality.[31] As the nature of the workforce providing mental health care is changing; the role of primary care (specifically general practice) is now acknowledged as a critical element. The attitudes, knowledge and skills of all these service providers, as well as their ability to work within partnership models and systems of integrated care provisions are essential to achieving the goals of mental health reform.[12, 22, 31]

For most Canadians, the primary care physician is their first and often only contact with the health care system.[12] Under-diagnosis, misdiagnosis and under-treatment of mental illness can result in poor outcomes.[12] As a result, educating primary care physicians to properly recognize, diagnose and treat most mental illnesses and to know when to refer the affected individuals to others, has a crucial role in maximizing the care that they provide.[26]

5.2 Human Resource Strategies

General human resource strategies to address retention, recruitment and staff development challenges identified in the literature include:

- Achieve a more equitable distribution of the mental health workforce across geographic areas and public and private practices.[22]
- Ensure that the number of graduates from tertiary based programs and their orientation and level of knowledge and skill meet service requirements. This includes mental health nurses, medical practitioners, occupational therapists, psychologists and social workers.[22]
- Ensure continuing education for all providers of mental health care. This includes access to the most up-to-date information regarding mental health and training in the latest development in best practice for mental health care.[22]
- Educate primary care physicians to properly recognize, diagnose and treat most mental illnesses and to know when to refer the affected individuals to others. Training of family medicine residents in these topics is also essential. Creating and distributing consensus treatment guidelines is a first step to increase knowledge about mental illnesses, their diagnosis and treatment. Encouraging the use of these guidelines requires attention to the predisposing, enabling and reinforcing factors that exist in the clinical setting.[22]

HR strategy considerations specific to children and youth mental health services include:[32]

- Funding structures for child psychiatrists, clinical psychologists and other senior mental health professionals should be reviewed and modified if necessary to encourage educational, program-based and administrative mental health consultations.
- Training on aspects of children's mental health that is open to all professionals who deal with children should be provided.
- Training for residents in family practice or pediatrics should include spending at least one month in a child psychiatric setting, with at least half that time being spent in a community mental health centre.
- Supporting the ongoing training and support of clinicians and mental health professionals in communities beyond Calgary and Edmonton. This would include:
  - Developing a multi-site interactive television network for training of mental health professionals, physicians and other related professionals in every area of the province, and funding for experts using it for training purposes; and
  - Subsidizing traveling teaching workshops.

6.0 Research and Evaluation

6.1 Research Priorities and Strategies to Increase Knowledge

6.1.1. Evaluation and Outcomes Research

Progress in achieving better consumer outcomes in mental health depends on the availability of adequate research into causes of mental illness, development of new treatments and models of care and evaluation of the effectiveness of various interventions.[31] Research, development and evaluation are complex and grounded in knowledge from many fields including biomedical, psychological, and social sciences. Specific recommendations to improve mental health research include the following:

- Research and development into new biological, psychological and social therapies, as well as ways to reduce risks for mental health problems and increase resilience should be prioritized and resourced.
- Research into innovative mental health care system development and the collection of agreed data from all jurisdictions should also be afforded high priority.[22, 31]
- Increase basic and applied mental health research to identify original and creative interventions which will decrease the burden of mental illness.[31]
- Support research into the causes of mental health problems and mental illness, the risk and protective factors for mental health, evaluations of the effectiveness and efficacy of mental health interventions, and the development and sustainability of new models and systems of mental health care.[31]
- Widely disseminate knowledge gained from mental health research.[22]

6.1.2. State-of-the-art Clinical Practice

Currently, state of the art treatments are not being translated into community settings.[22] Although new research-based advances are emerging that will enhance the delivery of treatments and services a gap persists in the broad introduction and application of these advances in services delivery to local communities.[22] Reasons for the gap between what is known through research and what is actually practiced include:

- Practitioners' lack of knowledge of research results.
- Lag time between the reporting of research results and the translation of new knowledge into practice.
- Cost of introducing innovations into the health system.

New strategies must be devised to bridge the gap between research and practice.[22]

6.2 Strategies

Goals identified by the Canadian Alliance for Mental Illness and Mental Health (2002) to improve and encourage research in mental health include:[16]

- Establish and support a national research agenda.
- Establish and implement a public education and awareness strategy to support comprehensive and sufficient research funding and value research.
- Increase the number of new mental illness and mental health researchers.
- Create a more supportive environment for Canadian researchers in mental illness and mental health research.

- Ensure that mental illness and mental health research informs policy development in all areas of health.
- Increase the involvement of consumers, other stakeholders and their organizations and the voluntary sector in the development, implementation and dissemination of the knowledge acquired through enhanced mental illness and mental health research.

7.0 Funding

An effective health care system requires coordinated management and budget structures. The current structure of the mental health care system – with diverse sources of funding and fee-for-service disbursement mechanisms – has resulted in a lack of developed community based services and an incentive to over-utilize physician and hospital services.[29]

7.1 Needs Based Approach

With a needs based approach, health care resources are allocated on the basis of the needs of the population being served.[29] A needs based approach is independent of past use and is expected to be both efficient and equitable.[29]

An indicator of relative needs identified by Nasir (1994) is:

- Based on population characteristics.
- Independent of use of services.
- Recorded frequently.
- Found to correlate with health risks and need for health care.

In the absence of any prospective measure of health care needs, retrospective indicators – both direct (e.g., utilization, case registries, and population self reports) and indirect (e.g., socio-demographic characteristics, socio-economic status and mortality) – are considered as proxies of needs.[29]

7.2 Supportive Structures for Resource Allocation

Developing supportive reimbursement structures, capitation of mental health care, building strong local mental health authorities and developing assertive community treatment systems are among generic approaches suggested to build a viable mental health system.[29]

7.3 Supportive Fiscal Structures

Nasir (1994) states that the development of supportive reimbursement structures are included among generic approaches to building a viable public mental health system. Promising options that have been experimented with prepaid plans, prospective payment systems, capitation and purchasing of service contracts.[29]

8.0 Scenarios for Action- World Health Organization

The World Health Organization's, *World Health Report 2001*, recommends the minimum actions required for effective mental health care systems. Recognizing the resource limitations of many countries, the report describes three separate scenarios to help guide countries towards what is possible within their limitations. A summary of the three scenarios is provided in the table below.

Ten overall recommendations	Scenario A: Low level of resources	Scenario B: Medium level of resources	Scenario C: High level of resources
1. Provide treatment in primary care	• Recognize mental health as a component of primary health care • Include the recognition and treatment of common mental disorders in training curricula of all health personnel • Provide refresher training to primary care physicians (at least 50% coverage in 5 years)	• Develop locally relevant training materials • Provide refresher training to primary care physicians (100% coverage in 5 years)	• Improve effectiveness of management of mental disorders in primary health care • Improve referral patterns
2. Make psychotropic drugs available	• Ensure availability of 5 essential drugs in all health care settings	• Ensure availability of all essential psychotropic drugs in all health care settings	• Provide easier access to newer psychotropic drugs under public or private treatment plans
3. Give care in the community	• Move people with mental disorders out of prisons • Downsize mental hospitals and improve care within them • Develop general hospital psychiatric units • Provide community care facilities (at least 20% coverage)	• Close down custodial mental hospitals • Initiate pilot projects on integration of mental health care with general health care • Provide community care facilities (at least 50% coverage)	• Close down remaining custodial mental hospitals • Develop alternative residential facilities • Provide community care facilities (100% coverage) • Give individualized care in the community to people with serious mental disorders
4. Educate the public	• Promote public campaigns against stigma and discrimination • Support nongovernmental organizations in public education	• Use the mass media to promote mental health, foster positive attitudes, and help prevent disorders	• Launch public campaigns for the recognition and treatment of common mental disorders
5. Involve communities, families and consumers	• Support the formation of self-help groups • Fund schemes for nongovernmental organizations and mental health initiatives	• Ensure representation of communities, families, and consumers in services and policy-making	• Foster advocacy initiatives

Ten overall recommendations	Scenario A: Low level of resources	Scenario B: Medium level of resources	Scenario C: High level of resources
6. Establish national policies, programs and legislation	• Revise legislation based on current knowledge and human rights considerations • Formulate mental health programs and policy • Increase the budget for mental health care	• Create drug and alcohol policies at national and subnational levels • Increase the budget for mental health care	• Ensure fairness in health care financing, including insurance
7. Develop human resources	• Train psychiatrists and psychiatric nurses	• Create national training centres for psychiatrists, psychiatric nurses, psychologists and psychiatric social workers	• Train specialists in advanced treatment skills
8. Link with other sectors	• Initiate school and workplace mental health programs • Encourage the activities of nongovernmental organizations	• Strengthen school and workplace mental health programs	• Provide special facilities in schools and the workplace for mentally disordered people • Initiate evidence-based mental health promotion programs in collaboration with other sectors
9. Monitor community mental health	• Include mental disorders in basic health information systems • Survey high-risk population groups	• Institute surveillance for specific disorders in the community (e.g. depression)	• Develop advanced mental health monitoring systems • Monitor effectiveness of preventive programs
10. Support more research	• Conduct studies in primary health care settings on the prevalence, course, outcome and impact of mental disorders in the community	• Institute effectiveness and cost-effectiveness studies for management of common mental disorders in primary health care	• Extend research on the causes of mental disorders • Carry out research on service delivery • Investigate evidence on the prevention of mental disorders

A summary of the three scenarios for action as directly stated in The World Health Organization's *World Health Report 2001* is included below.

- ❑ ***Scenario A (Low level of resources):*** Scenario A refers to countries with low income or where mental health resources are completely absent or very limited. These countries have no mental health policy, programs or appropriate legislation; or, if they exist, they are outdated and not implemented effectively. Governmental finances available to mental health are minimal, often less than 0.1% of the total health budget. There are no psychiatrists or psychiatric nurses, or very few of them for large populations. Specialized inpatient care facilities, if they exist, do so as centralized mental hospitals, which serve more for custodial care than mental health care, and often have less than one place per 10 000 population. There are no mental health services in primary or community care, and essential psychotropic drugs are seldom available. Mental health is not a part of epidemiological and health reporting systems.

  While this scenario applies mostly to low income countries, in many high income countries essential mental health services remain beyond the reach of rural populations, indigenous groups and others. In brief, scenario A is characterized by low awareness and low availability of services.

Even with very limited resources, countries can immediately recognize mental health as an integral part of general health, and begin to organize the basic mental health services as a part of primary health care. This need not be a costly exercise, and it would be greatly enhanced by the provision of essential neuropsychiatric drugs and in-service training of all general health personnel.

- ***Scenario B (Medium level of resources):*** In countries in this scenario, some resources are available for mental health, such as centres for treatment in big cities or pilot program for community care. But these resources do not provide even essential mental health services to the total population. These countries are likely to have mental health policies, program and legislation, but they are often not fully implemented. The government budget for mental health is less than 1% of the total health budget. There are inadequate numbers of mental health specialists, such as psychiatrists and psychiatric nurses, to serve the population. Primary care providers are largely untrained in mental health care. Specialized care facilities have fewer than five places per 10 000 population, and most of these are in large and centralized mental hospitals. Availability of psychotropic drugs and treatment for major mental disorders in primary care is limited and community mental health programs are scarce. Admission and discharge records from mental hospitals provide the only information available in health reporting systems. To summarize, scenario B is characterized by medium awareness and medium access to mental health care.

  For these countries the immediate action should be to enlarge mental health services to cover the total population. This can be done by extending training to all health personnel on essential mental health care, providing neuropsychiatric drugs in all health facilities, and bringing all of these activities under a mental health policy. A start should be made on closing down custodial hospitals and building community care facilities. Mental health care can be introduced in workplaces and schools.

- ***Scenario C (High level of resources):*** Relates mostly to industrialized countries with a relatively high level of resources for mental health. Mental health policies, programs and legislation are implemented reasonably effectively. The proportion of the total health budget allocated to mental health is 1% or more, and there are adequate numbers of specialized mental health professionals. Most primary care providers are trained in mental health care. Efforts are made to identify and treat major mental disorders in primary care, though effectiveness and coverage may be inadequate. Specialized care facilities are more comprehensive, but most may still be located in mental hospitals. Psychotropic drugs are readily available and community-based services are generally available. Mental health forms a part of health information systems, although only a few indicators may be included. Even in these countries there are many barriers to the utilization of the available services. People with mental disorders and their families experience stigma and discrimination. Insurance policies fail to provide cover for the care of people with mental disorders to the same extent as for those with physical illness.

  The first immediate action required for these countries is to increase public awareness to decrease stigma and discrimination. Second, newer medicines and psychosocial interventions should be made available as part of routine mental health care. Third, mental health information systems should be developed. Fourth, research on cost-effectiveness, evidence on prevention of mental disorders, and basic research on causes of mental disorders should be initiated or extended.

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APPENDIX A:
Comprehensive Culturally Appropriate Mental Wellness Framework

SUBMISSION TO THE SERVICES WORKING GROUP

Provincial Mental Health Plan
October 15, 2003

Introduction: Aboriginal Mental Health

Aboriginal Mental Health is one of the four province-wide programs under the newly organized AMHB. Aboriginal Mental Health was established as a priority of AMHB in 2000 with its inclusion in the business plan and the staffing for both adult and children's mental health. Currently, the Aboriginal Mental Health team consists of a Director and three Coordinators who work together with the Wisdom Committee, executive and staff, community agencies and communities to build capacity and support the development of mental health services in Alberta.

The Wisdom Committee provides advice and guidance to the AMHB, and through it to the Regional Health Authorities and Ministry of Health and Wellness; in order to be more responsive to the unique cultural and spiritual needs of the Aboriginal community. It includes 14 Elders and other key individuals from First Nations, Metis and Inuit communities.

Historical/Cultural Context

Meeting the mental health needs of Aboriginal people is a major opportunity and challenge. Mental health is a particular concern in Aboriginal communities not because Aboriginal people have higher rates of severe mental illness such as schizophrenia, but " because so many show signs of low level yet debilitating disturbances...the indicators of this are the high rates of alcohol and drug abuse, suicide, accidents and violence, as well as educational failure, unemployment and incarceration..." [i]

Many factors have contributed to the situation of Aboriginal peoples. Prior to European contact, Aboriginal societies were strong and self-sufficient. While Aboriginal peoples were never conquered, the process of colonization resulted in loss of control. Policies of displacement and assimilation (e.g., residential schools, separating children from their parents and community, the forbidding of the use of their language, the banning of social and spiritual practices) deprived Aboriginal peoples of their traditional, social, economic and political power. Aboriginal peoples are now re-establishing control through a process of healing, negotiation and partnership." Aboriginal Mental Health is part of the capacity building and healing process in Alberta.

For Aboriginal people, it is important that mental health is approached within a holistic wellness context where "health means balance and harmony within and among each of the four aspects of human nature: physical, mental (i.e. mind), emotional, and spiritual. Holistic wellness in Aboriginal cultures is inseparable from emotional, physical, mental and spiritual health. Mental illness is an outcome of the lack of balance or harmony in one or more areas."[iii]

Developing a system (Implementation):

From the outset, the design, planning and implementation of Mental Health/Wellness services need to adhere to broad principles that have come from Aboriginal people. The Royal Commission on Aboriginal People (RCAP, 1994) lists four principles:

1. Equity of access to health and healing services, and equity of health outcomes as the constant objective;
2. Holism in approaches to problems, their treatment and their prevention;
3. Aboriginal authority over health treatment, promotion and prevention systems, and where possible, community control over programs and services; and
4. Diversity in design of systems and services to accommodate differences in culture and community priorities.

RCAP also has four strategies which include the development of a system of regional and local Aboriginal "healing centers", which would gradually model the design and delivery of health and social welfare programs and services; a human resources strategy for the development of new Aboriginal health and wellness professionals (including traditional healers); enlisting the active support of mainstream medical services systems, including provincial ministries of health and local care services and institutions; and bringing community services (housing, water, and sanitation) up to Canadian standards as a matter of urgency.

These strategies, based on the collected knowledge and wisdom from across Canada, although fast approaching the 10-year timeline, are still valid. At least the first three can be a basis to address the current Aboriginal mental health needs and issues in Alberta.

There are numerous other documents, reports, and strategies which bring forward the voices of Aboriginal people[iv] and underscore the key points made with regard to meeting the mental health/wellness needs of Aboriginal people. They also validate the input from the Aboriginal focus groups to the Provincial Mental Health Plan that there is considerable expertise and good practice in Aboriginal mental health available as a potential foundation for appropriate Alberta-based mental health services strategies. Implementation of a health/wellness system of care is complex and not without its problems and barriers, however there is much expertise and experience to begin with, and build on, in addressing the mental health needs of Aboriginal people in Alberta.

The components of an Aboriginal Mental Health/Wellness system need to be integrated within the Provincial Mental Health Plan. (Similar to the relevant aspects of the Children's Mental Health Framework) with relevant principles and strategies in each area. From this perspective, it would be beneficial to have at least one principle and one strategy included in the reports of each of the Provincial Mental Health Plan Working Groups. The following lists are not meant to be all-inclusive but do identify some of the main areas which should be addressed.

Services Development require:

- Integrated community-based service delivery strategies, which address the determinants of health and insure that services are available and accessible in the communities where Aboriginal people reside. *An integrated, community-based service delivery strategy and system are required, i.e., it can't be piece-meal, project based."*
- Culturally based mental health/wellness service providers who are *educated to become culturally competent to serve Aboriginal people. Mental health providers can only create an environment of "cultural safety" for Aboriginal people if they have been trained to understand and accept the cultural, linguistic, tribal, geographical, economic, political and community context of the various Aboriginal communities. Failure to grasp the significance of these contextual factors often leads to stigmatization, misdiagnosis and inappropriate treatment."*
- Capacity building approaches which identify the strengths and recognize the expertise within each Aboriginal family and community.

Human Resources require:

- A comprehensive workforce plan which includes strategic priorities and strategies that encompass the unique needs of Aboriginal staff and consumers/clients and which recognizes the opportunities and benefits to the mental health system in training, hiring, retaining and supporting a workforce that reflects the cultural diversity of local communities.
- Aboriginal staffing at every service level, *including traditional healers and elders as part of an integrated service provision.*
- Cultural awareness training and orientation for mental health staff as well as other *service providers, including education, police, social services, children's services etc., in both facilitating access to mental health services and in providing services which support mental health/wellness.*

Research and Evaluation requires that:

- Aboriginal people assume a leading role in research, evaluation and planning related to the design and delivery of Aboriginal mental health services and that participants be part of the process as it relates to their specific communities.
- A research guide be developed or identified for the design, implementation and dissemination of information that acknowledges Aboriginal cultural approaches and protocols.

Funding Development requires strategies based on level of need for services equivalent to non-Aboriginal peoples and communities.

Information Collection and Management requires:

- *Identification of baseline data on Aboriginal people through Health Canada Census and other information sources. (e.g. Aboriginal People's Survey 2001).*
- *Development and/or dissemination of existing provincial or regional data on the utilization of mental health system by Aboriginal people.*
- *Facilitation of mechanisms that identify, monitor and reduce barriers to the mental health system utilization by Aboriginal people.*

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[i] Health Authorities Handbook on Aboriginal Health, BC Ministry of Health, Aboriginal Health Division, p. 53

[ii] See Aboriginal Workforce Participation, Employer Toolkit, Chapter 5, Indian and Northern Development, Canada, 1998.

[iii] Making Meaning of Mental Health Challenges in First Nations, Sal'i'shan Institute, Mussell, Nicholls, Adler, 1991, 19 (quoted in i above).

[iv] See First Nations & Inuit Mental Wellness Framework (1994) distributed to Mental Health Plan Working Groups in Draft Document Review, October 2003, Appendix A.

The Aboriginal Health Policy for Ontario is seen by some as a provincial model has 13 principles to guide their approaches and strategies to address the health of Aboriginal people. In 1994, the Ontario government allocated $49 million to a five year Aboriginal Healing and Wellness Strategy, and $20 million to "New Directions" the health-ministry-based administrative arm of the Strategy.

All italics are from the Summary of the Aboriginal Focus Groups on the Provincial Mental Health Plan, Draft Final Report, October 16, 2003.

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APPENDIX 4:

Populations Served And Major Population Subsets

POPULATIONS SERVED	
Population Category	**Major Population Subsets**
Children	• **Preschool** – Pre-school aged children who benefit from broad screening for developmental delays and other early identification and intervention programs • **School Aged** – School aged children who benefit from programs to promote self-esteem, reduce bullying and support the creation of safe and caring schools • **"In Care"** – Children and families receiving a range of services under the legislative mandate of Alberta Children's Services • **Learning Challenged** – Children with autism, learning disabilities and behavior disorders who required specialized programs and interventions • **FASD** – Children with Fetal Alcohol Spectrum Disorder • **Disadvantaged** – Children and families living in poverty or extremely challenging circumstances • **Childhood Psychosis** – Children with diagnosed early psychosis • **Traumatized** – Children at risk as a result of trauma and abuse
Youth	• **"In Care"** – Youth and their families receiving a range of services under provincial child welfare legislation • **Young Offenders** – Young people that have gotten into difficulties with the criminal justice system • **Complex Needs** – Young people with complex and concurrent diagnosis – addictions, disabilities, schizophrenia and other psychosis, etc. • **"In Transition"** – Young people requiring assistance with the transition from youth to adulthood, specifically the 16 to 24 year old age group • **Suicide Risks** – Young people who are at risk of suicide • **Homeless** – Young people living on the street or in shelters • **Addictions** – Youth with alcohol, drug or substance abuse addictions and problems

POPULATIONS SERVED	
Population Category	**Major Population Subsets**
Adults	• **Pregnant Mothers** – Pre-natal screening, postpartum counselling, etc. • **Unemployed** – Unemployed or under employed adults • **Severe Mental Disorders or Illness** – Adults with severe and persistent mental disorders or serious and complex mental illness • **Depression, Anxiety and Mood Disorders** – Adults suffering from depression, anxiety and mood disorders • **Adult Care Givers** – Adults caring for family members with mental illness • **Families In Crisis** – Families dealing with difficult situations such as family violence, addictions, etc. • **Addictions** – Adults with concurrent disorders including addictions and substance abuse problems • **Early Dementia** – Adults suffering from early dementia • **Suicide Risks** – Adults who are at risk of suicide • **Traumatized** – Adults who are at serious risk as a result of trauma, abuse, PTSD and dissociation
Seniors	• **Long-term Care** – Seniors living in long-term care facilities, assisted living complexes and lodges • **Living Independently** – Seniors living independently without adequate supports • **Isolated Areas** – Seniors living in isolated rural areas without access to required supports and services • **Life Crises** – Seniors dealing with situational "life crises" • **Psycho-geriatric** – Seniors with severe and persistent mental disorders and serious and complex mental • **Dementia** – Seniors suffering from dementia • **Abuse** – Seniors that are victims of elder abuse

POPULATIONS SERVED

Population Category	Major Population Subsets
Vulnerable Groups	• **Living In Poverty** – Families and groups of people living in poverty • **Forensics** – Clients with mental illnesses that are involved with the criminal justice system • **Homeless** – Mental health professionals estimate that more than 40% of these have a serious mental health condition • **Families in Crisis** – Families in crisis that are extremely vulnerable • **Eating Disorders** – People with eating disorders that are at serious risk of developing severe physical and mental illnesses • **Concurrent Diagnosis** – Clients with concurrent diagnosis, such as addictions, FASD, brain injury or developmental disabilities, require specialized treatment options and system supports • **Young Offenders** – Youth who are at substantially higher risk of developing mental health problems and are involved with the criminal justice system • **Suicide Risks** – Seniors who are at risk of suicide • **Chronic or Significant Health** – People with chronic or significant health problems are at substantially greater risk of developing mental health problems • **Physically Disabled** – People with serious physical disabilities • **Diverse Cultures** – People from diverse ethnic backgrounds often are isolated and experience barriers to required services and supports
Aboriginal	• **Reserve Communities** – First Nations people living on reserves represent distinct population groups with unique opportunities, challenges and needs • **Off-Reserve** – First Nations, Inuit and non-status Aboriginal people living off-reserve, in both urban and rural communities • **Métis** – Métis people represent an important subset of the aboriginal population; there are several Métis settlements in Alberta and large urban centers have significant concentrations of Métis residents • **Children** – Preschool and school-aged Aboriginal children and youth represent a population subset with unique needs • **Parents** – Parents of pre-school and school aged children require support and assistance • **Addictions** – Aboriginal people with addictions and substance abuse problems require specialized services and treatment options • **Criminal Justice System** – Adult and youth offenders often require mental health related services and supports to facilitate re-integration into the community • **Suicide Risks** – Aboriginal people who are at risk of suicide

POPULATIONS SERVED	
Population Category	**Major Population Subsets**
General Population	Public awareness and educational programs and prevention and promotion activities will likely be targeted at the general population and specific subsets thereof including: • **Rural Communities** – Rural and isolated communities • **Urban Communities** – A large percentage of Albertans reside in the ten largest urban communities • **The Workplace** – The workplace – employers, private businesses, public sector employers, etc. • **Seniors Housing Complexes** – Long-term care, seniors housing and assisted living complexes • **Educational Institutions** – Public and private schools and post-secondary educational institutions • **Faith Communities** – Faith communities and organizations • **Employee Associations** – Unions, professional associations, etc. • **Health Service Providers** – Physicians and other health services providers • **Governments** – Federal, provincial and municipal governments

APPENDIX 5:

Mental Health Related Service Roles Of Other Ministries

MENTAL HEALTH RELATED SERVICE ROLES OF OTHER MINISTRIES

Health Canada – First Nations And Inuit Branch

The First Nations and Inuit Health Branch of Health Canada supports the delivery of mental health services for First Nations on-reserve and in Inuit communities, through directorates and offices. FNIHB funds limited mental health services in the form of promotion/prevention, short-term crisis intervention and some treatment through the following programs:

- **Brighter Futures:** Provides for community-based prevention and promotion activities aimed primarily at children ages 0-6 and includes components of child development, injury prevention, parenting skills, health babies and mental health.
- **Building Healthy Communities:** Provides some resources for community-based crisis intervention services and treatment.
- **Non-Insured Health Benefits Program:** Provides limited funding for eligible beneficiaries for one-on-one professional mental health treatment required on an early intervention, short-term basis to address at-risk, crisis situations that are not provided for thorough provincial or private third party insurance plans.
- **National Native Alcohol and Drug Abuse Program:** NNADAP provides for community-based prevention programs, residential and outpatient treatment programs and supports First Nations and Inuit people and their communities in establishing and operating programs aimed arresting and off-setting high levels of alcohol, drug and solvent abuse.

Alberta Aboriginal Affairs and Northern Development (AAND)

The Ministry of Aboriginal Affairs and Northern Development (AAND) is responsible for leading the Government of Alberta's involvement in the two important and often inter-related areas of Aboriginal issues and development in northern Alberta.

- In terms of Aboriginal issues, AAND is the lead Ministry on the implementation of the Government of Alberta's *Aboriginal Policy Framework* (*APF*). The *APF* sets out the basic structure for existing and new Government of Alberta policies to address First Nation, Métis and other Aboriginal issues in Alberta. This is done through 44 Commitments to Action under two goals:
  1. Improving socio-economic opportunities for Aboriginal people and communities.
  2. Clarifying Federal/Provincial/Aboriginal roles and responsibilities.

  The *APF* embraces all government Ministries and agencies.

- AAND is also the lead Ministry for the priority cross-ministry Aboriginal Policy Initiative (API). In its fourth year as a priority cross-ministry initiative, the API is an internal mechanism for the Government of Alberta to address the commitments in the *Aboriginal Policy Framework*. The API supports Government Business Plan Goal 5 and related strategies. It provides a mechanism for cross-ministry coordination to address issues of concern to government and Aboriginal people living in Alberta. Accomplishments to date include over 80% of Alberta ministries identifying Aboriginal strategies in their 2002-2005 business plans. AAND is also actively engaged in other priority cross-ministry initiatives, like the Alberta Children Youth Initiative (ACYI), which do not fall directly under the APF, but are supportive of its goals.

Alberta Seniors

Alberta Seniors owns a large portfolio of subsidized housing, which is largely operated by community-based housing authorities. The Department does not directly deliver housing services; rather it works with community organizations and other levels of government to facilitate a range of housing, including emergency and transitional housing for homeless people, and affordable housing for low-income seniors, families and people with special needs. Some of this housing is accessed by clients with mental illness, specifically:

- **Supportive housing** is largely occupied by tenants who require support services to live independently in the community, and where providers may receive funding for support services from other sources. Many of these units are occupied by clients with mental illnesses. The Department does not provide operating funding for in-home support services that may be required. For example, in-home supports for people living with severe and persistent mental illness may include a trained, multidisciplinary, permanent staff to assist with daily living needs.
- **Housing for homeless people** includes emergency shelter spaces and transitional housing. Emergency shelters are designed to provide short stay accommodation for people "on the street". Most community organizations operating shelters do not fund mental health related support services for persons using these shelters. Under the Provincial Homelessness Initiative, Alberta Seniors committed $3 million annually between 2000-2003 for Alberta's seven major urban centres; and this investment leveraged about $81.6 million from municipalities and community organizations, plus $50 million in federal funds. This funding is largely provided through capital grants for the development of emergency, transitional, long-term supportive and special purpose housing units by community organizations. About 1,900 units have been created with an additional 600 under development.
- **Affordable housing is unsubsidized housing targeted to allow low-income** singles, families, seniors, or individuals with special needs access to adequate, safe and stable accommodation. Strictly speaking it refers to housing developed through the Canada-Alberta Affordable Housing Initiative, which provides capital funding (federal and provincial) for selected projects in high-growth, high need communities and northern remote areas of the province. The purpose is to provide stable, secure and affordable housing for low-income residents which may consist of low-income families and persons of households with special needs in high-growth communities.

Alberta Seniors also provides services, programs, and planning for seniors and the aging population, and is responsible for the *Office of the Public Guardian*.

- Seniors' programs and services include the Alberta Seniors Benefit program, which provides lower-income seniors with monthly financial benefits and calculates Alberta Health Care Insurance Premium exemptions, and Special Needs Assistance for Seniors program which provides a lump-sum payment to eligible seniors for one-time, extraordinary expenses. These programs are intended to help lower-income seniors live in a secure and dignified way.
- The Office of Public Guardian provides assistance to private guardians to support their role as Court appointed decision makers, and acts as guardian in cases where there is no private person available to take on the role. Guardians are appointed for dependant adults who are unable to make personal decisions due to a developmental disabilities, mental illness, traumatic brain injury or cognitive disease, such as dementia. The Office of Public Guardian also acts as a decision maker of last resort under the *Mental Health Act.* The Office of Public Guardian promotes personal directives which give Albertans a tool to plan ahead for a time when they may need assistance in decision making.

Alberta Children's Services

Children's Services fund a variety of mental health services for children through the Child Protection and Resources for Children with Disabilities programs:

- **Child Protection:** Services provided through Child Protection include:
    - Psychological assessment, treatment and counseling for children in care.
    - Parents also may be provided similar services where the case plan is to re-unite or maintain children with their parents and where parents require such services in order to care for the child.
    - Residential care and intensive psychological or psychiatric treatment services are also provided for children with severe mental health disorders who pose a risk to themselves or others (secure treatment).
    - Counseling services designed to help children involved in prostitution are also provided under the Protection of Children Involved in Prostitution Act.

Note: Grounds for finding a child in need of intervention are amended under the new Child, Youth and Family Enhancement Act to be proclaimed in 2004. Under the new legislation, "the condition or behavior of the child prevents the guardian of the child from providing the child with adequate care appropriate to meet the child's needs" has been removed. Another amendment relates to the provision of secure treatment services. Under the new legislation, secure "services" will be available to children who meet the criteria, but the emphasis is stabilization not treatment. Children with mental health disorders would be better served by the mental health system.

- **Children With Disabilities:** Services provided through Resources for Children with Disabilities include:
    - *Counseling Services:* Individual or family counseling services for children with disabilities and their families, which may include mental health disorders, and their families, aimed at maintaining the child in the family home and community.
    - *Family support services* in the form of relief/respite, personal care attendant supports, sibling care, or homemaking assistance.
    - *Aides* to assist children with a mental disorder and/or family to achieve specified developmental or behavioral goals, to learn strategies to manage challenging behaviors, or to participate in community programs and activities.
    - *Out-of-home placements* to assist families of children with mental disorders when in-home supports are no longer appropriate or sufficient to support the family in caring for the child in the home. Placement may include foster homes, group homes or specialized care facilities based on the child's needs. Out-of-home placements are coordinated only at the family's request, the family remains involved in choosing the placement and continues to be responsible for decisions regarding the child.

Note: Children with mental health conditions and their families will not be excluded from receiving support services under the new Family Supports for Children with Disabilities Act to be proclaimed in 2004, if they meet the eligibility criteria contained in the new legislation.

- **Office for the Prevention of Family Violence:** Under the "New Identity for Victims of Abuse" (NIVA) program, persons fleeing life threatening relationships may receive assistance to access the mental health services of a psychologist.

Alberta Human Resources and Employment

Human Resources and Employment administers:

- **Income support programs** including:
    - **Assured Income for the Severely Handicapped** (AISH), an income support program for adult Albertans with a permanent disability that severely impairs their ability to earn a living. The level of benefits received depends on an individual's income. AISH provides a maximum of $850 per month, with a medical services card that provides coverage for recipients and their families for premium-free Alberta Health Care, prescriptions, glasses, eye exams, dental work, essential diabetic supplies and emergency ambulance services. Currently there are about 31,000 Albertans on AISH, about 31% because of mental illness.
    - **Supports for Independence** (SFI), a short-term income support program of last resort that provides financial and employment assistance for individuals and families who cannot meet their monthly needs. People are also provided assistance with access to other programs, services and supports to become more self-reliant.
    - **Assured Support**, an income support benefit available to individuals who have been assessed as unable to participate in the continuous, competitive labour force.

- **Supportive Employment Initiatives** designed to help people with barriers to employment find or keep a job:
    - Under the Skills Investments Strategy: Training for Work – Jobs Skills Training program element Disability Related Employment Supports (DRES) are provided to persons with disabilities to assist them in overcoming the barriers to employment created by their disability. Funding can be accessed for workplace supports (e.g. workplace modifications), assistive technology and educational supports.

Alberta Community Development

Mental health related services provided by Community Development include:

- **Brain Injury Network:** Community Development launched the Brain Injury Network in September 2000 to address the needs of adults with acquired brain injury. The aim of the Network is to provide province-wide community support services to enable persons with brain injury to live work and participate in their communities.

- **Developmental Disabilities:** Community Development is also responsible for Persons with Developmental Disabilities (PDD), which provides dedicated supports for adults with developmental disabilities, including group homes and facilities, residential supports, employment and skills training, community support services, community behavioral services, and family and support home services.

- **Protection of Persons In-care:** Services designed to protect the interests of people covered under the "Protection of Persons In-care Act", including provisions relating to the mandatory reporting and investigation of alleged abuse.

Alberta Justice & Alberta Solicitor General

The Ministries of Justice and the Solicitor General work with mental health services to address the following areas:

- **Forensics** – services for individuals with mental health problems who are in conflict with the law and legally mandated for assessment and treatment, as well as services for those in custody who require treatment to address safety needs.
- **Diversion** – diverting individuals with mental illness who come into conflict with the law for minor offences from the criminal justice system to care, support and treatment from mental health agencies, social and support services.
- **Family Violence Treatment** – provides assessment and, where indicated, treatment for perpetrators and victims of family violence who are referred through the criminal justice process or under the *Protection Against Family Violence Act*.
- **Young Offenders** – services for young offenders.
- **Office of the Public Trustee** - protects and administers the property of dependent adults, minor children and deceased persons, where there is no one else able to act.

Alberta Learning

The basic instruction funding allocated by Alberta Learning to school authorities is intended to meet the learner expectations of students in core programs, complementary programs, and programs for students with special needs and those who are gifted and talented.

- **Basic Instruction Funding** includes funds to support programs for students with mild and moderate special needs (may include mental illness) and students who are gifted and talented. It is expected that school boards will pool special education funding and re-allocate it to schools for special education programs as needed.
- **Severe Disabilities Funding** is provided to school authorities based on a jurisdiction profile of numbers of students with this level of need. This funding is provided for programs to meet the special education needs of students with severe disabilities. Categories/codes used to determine a student's disability condition for severe disabilities funding include:
    - Severe mental disability (code 41)
    - Severe emotional/behavioral disability (code 42)
    - Severe multiple disability (code 43)
    - Severe physical or medical disability – including autism (code 44)

Alberta Alcohol and Drug Abuse Commission (AADAC)

AADAC offers a variety of programs and services for adults and youth to live their lives free from substance abuse and gambling problems.

- **Treatment**: AADAC and its Funded Agencies offer a wide range of treatment services, including detoxification and shelter; assessment and referral. They also provide individual, family, and group counseling; day and residential treatment as well as specialized services for adolescents, Aboriginals and women.
- **Concurrent Disorders:** AADAC also provides treatment for Concurrent Disorders (also called "dual diagnoses" or "co morbid disorders"). This disorder poses a difficult challenge for service providers. People suffering concurrent disorders have both a diagnosable addiction and a psychiatric disorder.
- **Education and Prevention:** AADAC implements programs and services designed to reduce risk and prevent addictions.